Registration for Myrtle Beach Fall Retreat 2013

Name:			
Email:			
Phone: Home ()	Ce	ell ()	
Address: (Street)			
(State)	State) (Postal Code)		
Spouse : (if Attending)			· · · · · · · · · · · · · · · · · · ·
Please check current Mary K	av Status:		
•	•	tar Team Buil	lder (Red Jacket) Team Leader
			ector Future Exec. Sr. Directo
Executive Sr. Director			
Consultants: Please put your	Director's N	ame Attendin	g MBFR:
If she is not attending please l			
Name: Phone: Email:			
Registration 7/1—8/31	\$195	Qty:	
Registration 9/1–10/15		QtJ:	
Registration after Oct. 16			
(space permitting)	Ψ= -0		
	\$8		<u></u>
Grand Total			
Make checks payable to Pam	Fortenberry	y-Slate	
Cash Check	-		oay: pfortenberry@ec.rr.com
Credit Card #			
All Registrations are Non-Ref	fundable afte	er October 1st	, 2013
Tickets may be transferre	ed with NS	D approval	prior to October 15th.
NO REFUNDS or TRAN			-
	- 3	,	
Mail to:			
Pam Fortenberry-Slate		Office # 910-798-6094	
7503 Jonquil Ct		Fax # 866-334-5342	
Wilmington, NC 28409		Email: pamsassistant@ec.rr.com	