



BOX 8003
RALEIGH, N. C. 27695-8003

**REGISTRATION FORM
FOR
SOUTHEASTERN DRY KILN CLUB
SPRING 2017 MEETING
June 8 - 9, 2017
EMPORIA, VIRGINIA**

NAME(S): _____

(please include name of spouse if attending)

COMPANY: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PHONE NO. _____

FAX NO. _____

EMAIL. _____

REGISTRATION FEE PAID IN THE FOLLOWING MANNER:

- \$30 REGISTRATION PER PERSON ENCLOSED or MAILED**
 \$30 REGISTRATION PER PERSON TO BE PAID "AT the DOOR"

Make check payable to Southeastern Dry Kiln Club (or simply SEDKC)

Please fax to Phil Mitchell at 919-515-6302
or scan and email to: phil_mitchell@ncsu.edu
or mail to : Phil Mitchell
Campus Box 8003
North Carolina State University
Raleigh, NC 27695-8003

This Meeting Registration Form due BY May 31, 2017