

**ATTENDEES
REGISTRATION**



(please PRINT clearly, thank you)

COURSE TITLE: _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____

PHONE: _____

**Please complete form and include a check made to NCGA for \$25.00
mail to Rev. Samuel Washington, PO Box 2012, Salisbury, NC 28145)**

(for NCGA CST use do not write below this line, thank you)

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Date rcvd. _____

Amt. pd. _____ **rcvd. by** _____