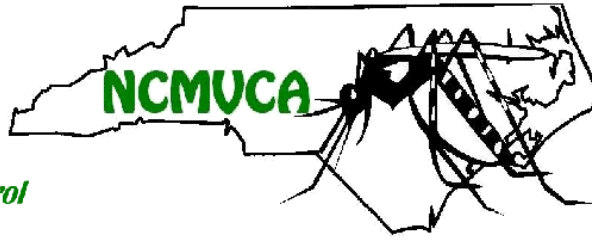


**North Carolina
Mosquito & Vector Control
Association**



Michael Doyle, President
NC DHHS
225 N. McDowell St.
Raleigh, NC 27603
michael.doyle@dhhs.nc.gov

Stephanie Richards, Treasurer
East Carolina University
3403 Carol Belk Building
Greenville, NC 27858
richardss@ecu.edu

Eugene McRoy, Vice President
Beaufort County Health Department
220 N. Market St.
Washington, NC 27889
eugene.mcroy@bchd.net

Kaley Myers, Secretary
Haywood County Health Department
157 Paragon Parkway Suite 200
Clyde, NC 28721
kaley.myers@haywoodcountync.gov

NCMVCA Annual Conference Registration December 10-12, 2019

Courtyard Carolina Beach

100 Charlotte Ave., Carolina Beach, NC 28428
910-458-2030

Conference hotel reservation link (for discounted rate):

<https://www.marriott.com/event-reservations/reservation-link.mi?id=1556033471289&key=GRP&app=resvlink>

Room Rate of \$71- \$106 (All rooms are oceanfront.)

For attendees not staying at the hotel, there is a public parking lot next to the hotel that will provide free parking during the conference.

*Discounted registration and room rates before **November 13, 2019**. Confirmation of registration will be emailed to you upon receipt.*

You may pick up your name badge and other materials at the registration desk at the conference.

Registration	Early Registration <i>(On or before Nov. 13, 2019)</i>	Standard/Onsite Registration <i>(Nov. 14 -Dec. 12, 2019)</i>
Member (includes regular membership [\$20] for 2020)	\$95	\$105
Non-Member (includes regular membership [\$20] for 2020)	\$105	\$115
Companion/Spouse	\$45	\$55
One Day Conference Registration Only	\$55	\$65
Companion/Spouse Dinner ONLY (if not registered)	\$35	\$45
Student	\$30	\$30
Lifetime Membership	Free	Free
Vendor Sustaining Membership*	\$350	\$350
Regular Membership Only	\$20	\$20
Vendor Additional Sponsorship (optional)	\$ _____	

Total: \$ _____

Attending the Luncheon on Dec. 11 (circle one)? YES NO Please explain any dietary restrictions _____

Name: _____

Email Address: _____

Phone Number: _____

Employer: _____

Mailing Address: _____

Method of Payment: Check (payable to NCMVCA) Invoice required (emailed to address given) Credit card (see below)

Card number: _____ Expiration date: _____

Code on back of card: _____ Billing zip code: _____

Mail Completed Registration Form and Payment To:

Stephanie Richards (NCMVCA Treasurer)
3403 Carol Belk Building, 300 Curry Court
Greenville, NC 27858
richardss@ecu.edu