

**NELA Spring Meeting & 25<sup>th</sup> Annual Golf Outing • May 1-2, 2019 • Omni Providence Hotel • Providence, RI**

To register, please complete Registration Form (use more than one if necessary) and return with payment by **Tuesday, April 9, 2019, 5:00 pm EST** to Northeast Laundry Association, P.O. Box 190, Hogansville, GA 30230 or fax with credit card payment to 706-637-8875, or email to [nela@rjevansassociates.com](mailto:nela@rjevansassociates.com).

Company Name	Registration Contact	
Address, City, State, Zip	Phone	
	E-Mail	
Name	Email	If Golfing: Handicap:
Name	Email	If Golfing: Handicap:
Name	Email	If Golfing: Handicap:
Please note accessibility needs and/or dietary restrictions		

**Cracker Barrel Session:**

Yes, I am a NELA Associate Member, registered for the full conference, and wish to sign up for the Cracker Barrel Session.

**Prize Donation:** If you would like to provide an item to be given away as a raffle prize, please indicate below.

- Yes, I will donate an additional prize \_\_\_\_\_
- I will mail to the Omni Providence Hotel to arrive between April 29 - May 1.
- I will bring the prize with me.

**# Attending:**

Entire Conference (Seminars, Meals, Golf)	Member	_____ @ \$295	\$ _____
	Non-Member	_____ @ \$495	\$ _____
Seminars & Dinner Only	Member	_____ @ \$175	\$ _____
	Non-Member	_____ @ \$285	\$ _____
Golf Outing Only	Member	_____ @ \$195	\$ _____
	Non-Member	_____ @ \$265	\$ _____

Total Registration Fees: \$ \_\_\_\_\_

Total Sponsorship Fees: \$ \_\_\_\_\_

**GRAND TOTAL:** \$ \_\_\_\_\_

**Sponsorship Opportunities\* :**

- Platinum \$500
- Gold \$300
- Golf Flag \$200

**\*Golf Flag Logo:** If this is the first year your company has sponsored or your logo has changed, please send us your artwork in .eps or .jpeg format to [nela@rjevansassociates.com](mailto:nela@rjevansassociates.com).

<b>Payment:</b> <input type="checkbox"/> Check Enclosed (payable to Northeast Laundry Association) <input type="checkbox"/> Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX			
Name as it Appears on Card	Card Number	CCV#	Exp.
Billing Address for Credit Card (Address/City/State/Zip)			
Signature			Date

**All payments must be made in advance of the conference. No shows will be billed. Registration Cancellations must be in writing and received by Tuesday, April 9, 2019 by 5:00 pm EST to receive a full refund.** Cancellation requests may be faxed to 706.637.8875 or emailed to [nela@rjevansassociates.com](mailto:nela@rjevansassociates.com). After April 9, 2019 no refunds will be issued unless approved by the Board of Directors.

**Questions?** Contact Suzette Evans, NELA Administrator at [nela@rjevansassociates.com](mailto:nela@rjevansassociates.com) or 706.637.8871.