

Mail-In Registration Form
North Carolina Writers' Network Fall Conference

November 18 - 20, 2022

Holiday Inn Resort, 1706 North Lumina Avenue, Wrightsville Beach, NC

Complete this form and mail with your payment to

NCWN FC Registration
PO Box 21591
Winston-Salem, NC 27120

___ In registering for the NCWN Fall Conference, you certify and attest that you will provide proof of full vaccination against COVID-19 and follow or exceed all state and federal safety protocols in place at the time of the conference. Check on the line above to affirm your agreement (required to submit this form).

Do you want **Vegetarian Meals**?

No _____ Yes _____ No Meals _____

First Name _____

Last Name _____

Address _____

City _____

State _____

Zip _____

County _____

Home Phone _____

Office Phone _____

Cell Phone _____

E-mail Address _____

___ I know I will receive an E-Packet as a PDF attachment to an email

Conference Classes

Please select the workshops you will attend. We rely on your registration selections to determine room needs; your workshop selections are final

Saturday Nov. 19 - 9:00 a.m. to 4:00 p.m.

Master Class is an alternative for Session I to III classes (see the Submission Guidelines on the Master Class page of our website). A \$30 processing fee will be added to your Conference fee for a Master Class request. Even if you apply for a Master Class, you must choose the Session I, Session II, and Session III classes you would like to attend if the Master Class is full.

Session I _____

Session II _____

Session III _____

Master Class _____

Sunday Nov. 20 - 9:00 a.m. to 12:30 p.m.

Session IV _____

Session V _____

Conference Fees

_____ \$325 Member Cost	_____ \$475 Nonmember Cost
_____ \$250 Member Cost Without Meals	_____ \$350 Nonmember Cost Without Meals
_____ \$275 Member Cost Saturday Only	_____ \$400 Nonmember Cost Saturday Only
_____ \$150 Member Cost Sunday Only	_____ \$250 Nonmember Cost Sunday Only
	_____ \$30 Master Class processing fee

Membership fees: \$80 individual; \$60 senior, student, disabled; \$140 2-yr. individual

_____ Add this Membership Fee amount so I immediately qualify for Member rates

_____ I have included a check, made out to NCWN FC Registration