

 **Delegate Registration Form**

Local County _____

If you are registering multiple delegates, please list them below.

First Name, Last Name	Member ID

I hereby certify that delegates and alternates listed above have been chosen in accordance with Article VI of the NCRSP Constitution & Bylaws. The number of registrations and lunch tickets for delegates, alternatives and guests have been properly indicated and paid.

Total Delegate Registrations: _____

Total Payment Enclosed:
(registration, lunch) _____

Local Unit President Signature: _____