

**AENC 31st Golf Outing ~ September 10, 2018 ~ Lonnie Poole Golf Course, Raleigh, NC**

◆ Golf Tournament ◆ Morning Seminar ◆ 19<sup>th</sup> Hole Networking Social & Winners Announcements  
 Captains Choice ~ 10:00 AM Shotgun Start; 2:30 – 3:00 PM Networking Social & Winners

**Player Registration closes on September 1st**

- 1) Put together your team of associates, clients, family or friends and they can register individually **OR**
- 2) Register as a single and we'll put you on a team. **OR**
- 3) YOU CAN PAY FOR A FOURSOME & GET A DISCOUNT! (Full fee of \$500 must be paid with **one** check/credit card and you must provide all information on page 2 of this form).

Questions: contact Jovita Mask, AENC, (919) 848-8255 ext 2 or [jovita@aencnet.org](mailto:jovita@aencnet.org)

**PERSON COMPLETING THE FORM** (COMPLETE both pages if you are registering more than one person to play in the tournament). If you are registering just yourself, you only need to complete this page.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Informal First Name \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Company \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Handicap or last 5 scores \_\_\_\_\_ Food Allergy/Special Needs \_\_\_\_\_

**GOLF TOURNAMENT PLAYER(S) REGISTRATION – Complete page 2 as well (10:00 AM SHOTGUN START)**

If you are registering more than one person, list your information as Player #1 on page 2. If you are putting together a team, please confirm that the individual(s) listed know they are on your team before completing this form. Indicate on page 2 if you are paying for them or if they are paying for themselves.

Golf Fee includes: green fee, cart, seminar, morning light continental, box lunch, 19<sup>th</sup> Hole social, 2 mulligans, prize entry.

	<b>Before August 31 – 5 PM</b>	<b>After August 31</b>	<b>Amount Due</b>
<b>AENC Member</b>	\$135	\$145	\$ _____
<b>AENC Non Member</b>	\$150	\$160	\$ _____
<b>I AM BUYING A FOURSOME @ DISCOUNT</b>	\$500	\$525	\$ _____

(List names of your foursome on page 2 with other information; we must have this information by Sept 1)

**CONTINENTAL BREAKFAST REGISTRATION (8:15 AM – 10:00AM) – FREE**

**MORNING SEMINAR REGISTRATION (8:30 AM – 9:15 AM) - FREE**

Strategic Networking – Camille Stell, Vice President, Client Relations, Lawyers Mutual Insurance (0.75 CE)

Please check if you are attending the morning seminar which includes the light continental breakfast.

**ATTENDING ONLY THE 19<sup>TH</sup> HOLE POST GOLF NETWORKING SOCIAL (2:30 PM – 3:30 PM) - FREE**

The networking social is open to golfers, sponsors, seminar registrants or any staff who works for an association. If you qualify, there is no charge but you must register by checking this box and completing the contact information above.

**PAYMENT MUST ACCOMPANY REGISTRATION:**

**TOTAL AMOUNT \$** \_\_\_\_\_

**Cancellation Policy:** Cancellation must be in writing and received at the AENC office no later than 5 PM on **September 1** to receive a refund. No-shows will not be refunded. You may substitute a player. Send pages 1 and 2 to AENC

**FAX:** (919) 848-8255 **EMAIL:** [jovita@aencnet.org](mailto:jovita@aencnet.org) **MAIL:** AENC, 514 Daniels St, PMB# 352, Raleigh, NC 27605

Check payable to AENC  Master Card  VISA  American Express  Discover

**TOTAL AMOUNT \$** \_\_\_\_\_ (include totals from page 2)

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address for Card If Different from above \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email credit card receipt to \_\_\_\_\_

# GOLF TOURNAMENT PLAYER REGISTRATION

**AENC Golf Outing, September 10, 2018 – Lonnie Poole Golf Course, Raleigh, NC**

**Name of person completing this form:** \_\_\_\_\_

Fill this out for any and all players on your team. Please let us know if you are paying for them OR if they will be paying for themselves separately and should be invoiced. Put only the amounts that you are paying for on Page 1.

**Player # 1 - If you are registering more than one person, list yourself as Player # 1**

ATTENDING MORNING SEMINAR 8:30 – 9:15 AM    YES    NO    NOT SURE

**WHO IS PAYING?**    I am paying for them.    They are paying.    Member \$ \_\_\_\_\_    Non-Member \$ \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Informal First Name \_\_\_\_\_

Handicap or last 5 scores \_\_\_\_\_ Food Allergy/Special Needs \_\_\_\_\_

Email Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Player # 2**    ATTENDING MORNING SEMINAR 8:30 – 9:15 AM    YES    NO    NOT SURE

**WHO IS PAYING?**    I am paying for them.    They are paying.    Member \$ \_\_\_\_\_    Non-Member \$ \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Informal First Name \_\_\_\_\_

Handicap or last 5 scores \_\_\_\_\_ Food Allergy/Special Needs \_\_\_\_\_

Email Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Player # 3**    ATTENDING MORNING SEMINAR 8:30 – 9:15 AM    YES    NO    NOT SURE

**WHO IS PAYING?**    I am paying for them.    They are paying.    Member \$ \_\_\_\_\_    Non-Member \$ \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Informal First Name \_\_\_\_\_

Handicap or last 5 scores \_\_\_\_\_ Food Allergy/Special Needs \_\_\_\_\_

Email Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Player # 4**    ATTENDING MORNING SEMINAR 8:30 – 9:15 AM    YES    NO    NOT SURE

**WHO IS PAYING?**    I am paying for them.    They are paying.    Member \$ \_\_\_\_\_    Non-Member \$ \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Informal First Name \_\_\_\_\_

Handicap or last 5 scores \_\_\_\_\_ Food Allergy/Special Needs \_\_\_\_\_

Email Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_