



EMBASSY  
SUITES  
by HILTON™

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October 5, 2017

To: District 9 Members and Friends

From: Bert Pickens, Greg Norman, Nathan Rollins

Re: District 9 Member Meeting

The CRSMCA District Directors and Associate Liaisons have planned a fall meeting for all CRSMCA members and peers of District 9 on Tuesday, October 17, 2017 at the Embassy Suites in Greenville, South Carolina.

*Our guest speakers will be Herb Yingling, speaking on the current Building Code Issues and Code Issues implemented in South Carolina; as well as Dick Cannon, speaking on the emphasis of how the code addresses overflow scuppers on the liability and design of roofs and re-roofs of overflow scuppers.*

**Please register the following attendees:**

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Company

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email Address for confirmation

**Date: Tuesday, October 17, 2017**

**Where: Embassy Suites by Hilton**  
670 Verdae Blvd | Greenville, SC 29607

**Agenda:** 10:30 a.m. Social | Registration  
11:00 a.m. Welcome  
11:15 a.m. Presentation with speakers  
12:15 p.m. Lunch buffet with Q & A

**Cost:** \$35.00 per person  
(Lunch and Meeting)

**Sponsorship:** \$150.00 per company  
*\*registrations for (4) people, logo on badge, 30 seconds to present and table-top, if desired.*

**If you have any questions, please feel free to contact Brandy Harrison at the Association office (704.556.1228 extension 403).**

**SUBMIT FORM TO:**

Email: [staff@crsmca.org](mailto:staff@crsmca.org) OR [cbsims@crsmca.org](mailto:cbsims@crsmca.org)

*Due to PCI Compliance, CRSMCA is no longer able to retain your credit card information. For security purposes, all information will be destroyed after processing. Thank you for understanding.*

**Registration Deadline is Monday, October 16, 2017.**

If you make a reservation and do NOT attend you WILL be invoiced.

<b>PAYMENT MUST ACCOMPANY REGISTRATION:</b>	
<input type="checkbox"/> CHECK ENCLOSED	<input type="checkbox"/> VISA/MC <input type="checkbox"/> AMEX
_____	
Account No.	
_____	
Expire Date	CVV CODE (cannot process w/out)
_____	
Name (as it appears on card)	Signature
_____	