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September 26, 2017

To: District 2 Members and Friends

From: John Dorn and Steve Hall

Re: District 2 Member Meeting

The CRSMCA District Directors and Associate Liaisons have planned a fall meeting for all CRSMCA members and peers of District 2 on Tuesday, October 24, 2017 at the Olde Homeplace Golf Club in Winston-Salem, North Carolina.

*Dr. Christopher Anthony (Tri-Synergy Corporate Care) is an approved NCDOL first-aid provider seeking to reduce recordable injuries. Dr. Anthony will share how his team works to reduce recordable events and work comp escalation, while increasing productivity and employee morale.*

**Please register the following attendees:**

\_\_\_\_\_  GOLF

Name

\_\_\_\_\_  GOLF

Name

\_\_\_\_\_  GOLF

Name

\_\_\_\_\_  GOLF

Name

\_\_\_\_\_

Company

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email Address for confirmation

**Registration Deadline is Monday, October 23, 2017.**

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

**Date:** Tuesday, October 24, 2017

**Where:** **Olde Homeplace Golf Club**  
 4295 Wallburg Rd | Winston-Salem, NC  
 336.769.1076

**Agenda:** 10:30am Social | Registration  
 11:00am Presentation  
 12:00pm Lunch  
 1:00pm Golf

**Cost:** \$35.00 per person (Lunch and Meeting)  
**GUESTS ARE FREE!**

**ADDITIONAL FEES ONSITE**

**Golf fee \$25.00** per person

*\*Fee to be paid directly to Olde Homeplace Golf Club*

**Sponsorship:** \$150.00 per company

*\*registrations for (5) 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.*

**PAYMENT MUST ACCOMPANY REGISTRATION:**

CHECK ENCLOSED       VISA/MC       AMEX

\_\_\_\_\_

Account No.

\_\_\_\_\_

Expire Date

CVV CODE (cannot process w/out)

\_\_\_\_\_

Name (as it appears on card)

Signature