

*The North Carolina State Chapter of*

# ***PHI BETA LAMBDA***

**State Handbook**

**Appendix 2 – NCPBL MISCELLANEOUS FORMS**

**2010-2011**

*A college-level national  
association for the  
professional development  
of business students*

## State Handbook

### Appendix 2 – NCPBL MISCELLANEOUS FORMS

#### Table of Contents

<b>PROFESSIONAL DIVISION MEMBERSHIP FORM .....</b>	<b>3</b>
<b>2011 FLDC CONFERENCE REGISTRATION FORM .....</b>	<b>4</b>
<b>2011 FLDC HOTEL RESERVATIONS FORM .....</b>	<b>6</b>
<b>2011 FLDC HOTEL ROOM ASSIGNMENTS FORM .....</b>	<b>7</b>
<b>2012 SLC HOTEL RESERVATIONS FORM .....</b>	<b>8</b>
<b>2012 SLC CONFERENCE REGISTRATION FORM.....</b>	<b>10</b>
<b>2012 PROFESSIONAL DIVISION CONFERENCE REGISTRATION FORM .....</b>	<b>12</b>
<b>2012 SLC SUPPLEMENTARY GUEST TICKETS FORM .....</b>	<b>13</b>
<b>2012 SLC FOUNDATION CONTRIBUTIONS FORM.....</b>	<b>14</b>
<b>2012 SLC MARCH OF DIMES CONTRIBUTIONS FORM.....</b>	<b>15</b>
<b>2012 SLC EXHIBIT SPACE RESPONSE FORM .....</b>	<b>16</b>
<b>2012 NCPBL ANNUAL LAPEL PIN ORDER FORM .....</b>	<b>17</b>

# The North Carolina Phi Beta Lambda

## Professional Division Membership Form

---

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

COLLEGE WITH WHICH YOU  
WISH TO BE AFFILIATED? \_\_\_\_\_

Would you like to be listed in a speaker's directory? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list topic(s) with which you would feel comfortable: \_\_\_\_\_

BACKGROUND (Please check all that apply)

\_\_\_\_\_ New Member

\_\_\_\_\_ Businessperson

\_\_\_\_\_ Renewing Member

\_\_\_\_\_ Local Chapter Adviser

\_\_\_\_\_ Former PBL Member

\_\_\_\_\_ Former FBLA Member

Dues are \$23.00 per year (includes \$15.00 for national, \$8.00 for state). **National dues are remitted to the national office for you.**

Please make check payable to **NCPBL Professional Division** and send with this form to:

NCPBL Professional Division

PO Box 12002

Durham, NC 27709

PLEASE DO NOT STAPLE CHECKS TO THIS FORM

The North Carolina State Chapter of

# Phi Beta Lambda

38<sup>th</sup> Annual Fall Leadership Development Conference

November 11-12, 2011, Greensboro, NC

## 2011 FLDC CONFERENCE REGISTRATION FORM

---

Complete the information below and the form on the reverse side in duplicate. Retain a photocopy for your files and bring with you to Conference Registration. Form must be received no later than **November 4, 2011. SEND ELECTRONICALLY OR BY MAIL. CALL 828-273-1056**

Email [leadershipdir@ncpbl.org](mailto:leadershipdir@ncpbl.org) with questions.

Ms. Kathy Toler  
NCPBL Leadership Development Director  
22 East Shore Drive  
Asheville, NC 28805

<b>SCHOOL (or PD Member Name)</b>	
-----------------------------------	--

**FALL LEADERSHIP DEVELOPMENT CONFERENCE REGISTRATION FEES:** \$20 per person (final amount will be determined by Adopt a Student fund-raiser, bring check to conference)

**Registration Fees include:** Conference Printing & Program Expenses  
Food Functions  
Awards Certificates  
Dance

### CONFERENCE PARTICIPATION:

Will your Chapter have a three-member team participating in the <b>NON-TRIVIA CONTEST</b> ?	YES		NO	
Will your Chapter have a Membership Recruitment Display for participation in the <b>PRESIDENT'S AWARD</b> ?	YES		NO	
Will your Chapter need a sales table for selling merchandise or fundraising items?	YES		NO	
In addition, please indicate how many rooms your chapter has reserved	Friday, November 11			
STAYING AT ANOTHER HOTEL	YES		NO	

**FALL CONFERENCE REGISTRATION FORM, CONTINUED**

SCHOOL	
--------	--

(Photocopy if additional forms are needed)

**PLEASE CHECK ALL COLUMNS APPLICABLE TO EACH NAME**

Name and Leadership Track Requested (Track # 1, Track # 2, Track # 3, Track # 4)	<u>Track choice</u> 1 <sup>st</sup> choice	2 <sup>nd</sup> choice	Member	Adviser Track # 5	Guest	Prof. Member Track# 5
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
<b>TOTALS</b>						

**NOTE: No refunds will be granted; substitutions can be made either prior to the Conference or at Conference Registration.**

**BRING A CHECK OR MONEY ORDER PAYABLE TO NCPBL TO THE CONFERENCE. FINAL AMOUNT TBD.**

TOTAL NUMBER OF MEMBERS, ADVISERS, GUESTS, PD's		@ \$\$\$ = \$		TOTAL
---	--	---------------	--	-------

The North Carolina State Chapter of

# Phi Beta Lambda

38<sup>th</sup> Annual Fall Leadership Development Conference

November 11-12, 2011

Holiday Inn Greensboro Airport, Greensboro, NC

## 2011 FLDC HOTEL RESERVATIONS FORM

---

1. Complete the form on the reverse side in duplicate. Bring your copy with you when checking into the hotel. Please duplicate this form if additional space is needed.
2. Type or print clearly and complete all columns. In the first column, indicate type of hotel accommodation desired: For SINGLE accommodation, ONE name must be listed; for TWIN, TWO names; for TRIPLE, THREE names; for QUAD, FOUR names. A mailing address, city, state and zip must be listed with each room occupant's name.
3. The hotel requires that reservations be guaranteed by sending one night's deposit (including tax). Deposit is refundable provided cancellation notice is made by 24 hrs. prior to arrival. Guarantee may also be made by using a major credit card or check and by completing the section at the bottom of this page. Hotel check-in time is 3:00 p.m.
4. Duplicate one copy of this form for your files. Return the original as soon as possible to:  
RESERVATIONS MANAGER  
**Holiday Inn Greensboro Airport,**  
6426 Burnt Poplar Road  
Greensboro, NC 27409  
336-668-0421, OR **FAX** TO 336-668-7690  
(be sure to fax both pages of this reservations form)  
**The reservation deadline is November 4, 2011.** Reservations may not be available after that date; first-come, first-served basis only.
5. Conference Room Rates:  
(rate includes full breakfast)

SINGLE OCCUPANCY	\$69.00 (plus 13.75% tax)
DOUBLE OCCUPANCY	\$69.00 (plus 13.75% tax)
TRIPLE OCCUPANCY	\$69.00 (plus 13.75% tax)
QUAD OCCUPANCY	\$69.00 (plus 13.75% tax)

6. Credit card guarantee information: For guarantees using a major credit card, complete the following section.

SCHOOL or NAME:	
TYPE OF MAJOR CREDIT CARD:	
CARD NUMBER:	
EXPIRATION DATE:	
CARDHOLDER'S SIGNATURE:	

## 2011 FLDC HOTEL ROOM ASSIGNMENTS FORM

**PLEASE BRING A COPY OF THIS FORM WITH YOU UPON CHECK-IN.**

**Send Confirmation to:** (Person responsible for group and billing).

NAME		PHONE	
ADDRESS			
CITY		STATE/ZIP	
SCHOOL			
SIGNATURE			

**PLEASE PHOTOCOPY THIS FORM IF ADDITIONAL SPACE IS NEEDED**

Check Appropriate Line	Arrival Date	Departure Date	Name for each person in room
Single			_____
Double			_____
Triple			_____
Quad			_____
Single			_____
Double			_____
Triple			_____
Quad			_____
Single			_____
Double			_____
Triple			_____
Quad			_____
Single			_____
Double			_____
Triple			_____
Quad			_____
Single			_____
Double			_____
Triple			_____
Quad			_____
Approximate group arrival time:			
Room check-in time is 3 p.m., or earlier if room is ready.			
Amount enclosed for guarantee (one night's cost per room):			
			\$

**North Carolina Phi Beta Lambda**  
**58th Annual State Leadership Conference**  
**April 12-14, 2012 Hilton Charlotte University Place**

**2012 SLC HOTEL RESERVATIONS FORM**

**Reservation deadline March 21, 2012**

**Reservations after are at regular rates and on first-come, first-serve basis.**

Complete the Hotel Reservations Form in duplicate. Bring your copy with you when checking into the hotel. Please duplicate this form if additional space is needed.

Type or print clearly and complete all columns. In the first column, indicate type of hotel accommodation desired: A mailing address, city, state and zip must be listed with each room occupant's name.

The hotel requires that reservations be guaranteed by sending one night's deposit (including tax) per room. Guarantee may also be made by using a major credit card and by completing the section at the bottom of this page. Hotel check-in time is 3:00 p.m. An early check-out fee will be assessed if a room checks out of the hotel earlier than the reserved check-out date.

Duplicate one copy of this form for your files. Return to:

RESERVATIONS MANAGER  
 Hilton Charlotte University Place  
 8629 J. M. Keynes Drive  
 Charlotte, NC 28262  
 Telephone: 704-547-7444  
 Fax: 704-549-9708 (Be sure to fax all pages.)

Conference Room Rates: \$99 (single-quad occupancy) plus applicable taxes

For guarantees using a major credit card, complete the following:

TYPE OF CREDIT CARD:	
CARD NUMBER:	
EXPIRATION DATE:	
CARDHOLDER'S SIGNATURE:	

**Send Confirmation to:** (Person responsible for group and billing).

NAME	
PHONE	
ADDRESS	
CITY/STATE/ZIP	
SCHOOL	
SIGNATURE	

**2012 SLC HOTEL RESERVATIONS FORM (cont.)**

(Photocopy as needed)

Check Appropriate Line		Arrival Date	Departure Date	Name for each person in room
	Single			_____
	Double			_____
	Triple			_____
	Quad			_____
<b>_____</b>				
	Single			_____
	Double			_____
	Triple			_____
	Quad			_____
<b>_____</b>				
	Single			_____
	Double			_____
	Triple			_____
	Quad			_____
<b>_____</b>				
	Single			_____
	Double			_____
	Triple			_____
	Quad			_____
<b>_____</b>				
	Single			_____
	Double			_____
	Triple			_____
	Quad			_____
<b>_____</b>				
	Single			_____
	Double			_____
	Triple			_____
	Quad			_____
<b>_____</b>				
	Single			_____
	Double			_____
	Triple			_____
	Quad			_____
<b>_____</b>				

**North Carolina Phi Beta Lambda**  
**58<sup>th</sup> Annual State Leadership Conference**  
**April 12-14, 2012 Hilton Charlotte University Place**

**2012 SLC CONFERENCE REGISTRATION FORM**

---

**To be received no later than March 14**

Complete the Conference Registration Form. Retain a copy for your files and bring it with you to Conference Registration. **Return the original no later than March 14 to:**

**Dr. Kathie Doole**  
**Asheville-Buncombe Technical Community College**  
**340 Victoria Road**  
**Asheville, NC 28801.**

<b>SCHOOL</b>	
---------------	--

List below the person to receive registration confirmation:

NAME			
ADDRESS			
CITY/STATE/ZIP			
PHONE		E-MAIL	

**STATE LEADERSHIP CONFERENCE REGISTRATION FEES:**

\$70.00 per person (registration mailings received on or before March 14)

\$80.00 per person on site (registrations received after March 14)

**On-site registrants are not eligible for competition**

**Registration Fees include:** Conference Printing, Program Expenses, Food Functions including Lunch & Awards Banquet, Entertainment, State Awards Program Expenses

**2012 SLC CONFERENCE REGISTRATION FORM (CONT.)**

**PLEASE CHECK ALL COLUMNS APPLICABLE**

Name	Member	Adviser	Guest	P.D. Member	Voting Delegate
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
<b>TOTALS</b>					

Registration fee refunds will not be granted; if a delegate cannot attend, another representative of the same college may be substituted. However, only pre-registered delegates may participate in events or substituted in events. Event substitution may be made prior to Conference or during Event Substitutions.

On-site registration fee is \$80.

**PLEASE ENCLOSE A COLLEGE OR CHAPTER CHECK OR MONEY ORDER PAYABLE TO NCPBL FOR TOTAL AMOUNT.**

TOTAL NUMBER OF MEMBERS, ADVISERS, GUESTS, PD		@ \$70= \$	
---	--	------------	--

**North Carolina Phi Beta Lambda**  
**58<sup>th</sup> Annual State Leadership Conference**  
**April 12-14, 2012 Hilton Charlotte University Place**

**2012 PROFESSIONAL DIVISION CONFERENCE REGISTRATION FORM**

Complete the form in duplicate and retain a copy for your files. Return the original as soon as possible but no later than **March 14** to Dr. Kathie Doole, Asheville-Buncombe Technical Community College, 340 Victoria Road, Asheville, NC 28801.

PERSON TO RECEIVE REGISTRATION RECEIPT			
ADDRESS			
CITY/STATE/ZIP			
PHONE		E-MAIL	

Each professional member in good standing is encouraged to attend the State Leadership Conference and is entitled to a vote during business conducted during the annual meeting of the Professional Division and during the annual meeting of The NCPBL Foundation, Inc.

Registration Fees include Conference printing, Entertainment, Program Expenses, State Awards Program Expenses, Winners' Certificates, Lunch (Saturday), Awards Banquet (Saturday)

Please indicate banquet seating preference in the column below by writing PD if you wish to sit at tables designated for Professional Division members OR writing in the name of the school delegation with which you wish to be seated.

The Professional Division will continue its "Ambassador Program" this year. Recently graduated PD members are needed to be available to give students directions and words of encouragement in the hallways prior to events – and other similar roles. If interested, contact PD President Mike Coffey (pdpresident@ncpbl.org).

Name	Banquet Seating Choice	Arrival Date and Time?	Willing to judge/work with event?	Event preferences Friday?	Event preferences Saturday?

Please copy form if additional registration space is needed. No refunds or transfer of registration fees will be granted. On-site registration fee is \$80.

**PLEASE ENCLOSE A CHECK OR MONEY ORDER PAYABLE TO NCPBL**

TOTAL NUMBER OF PD MEMBERS & GUESTS		@ \$70= \$	
-------------------------------------	--	------------	--

**North Carolina Phi Beta Lambda**  
**58<sup>th</sup> Annual State Leadership Conference**  
**April 12-14, 2012 Hilton Charlotte University Place**

**2012 SLC SUPPLEMENTARY GUEST TICKETS FORM**

<b>SCHOOL or PD MEMBER:</b>	
-----------------------------	--

**GUEST TICKETS:** Additional tickets for non-members (spouses, friends, businesspersons, etc.) may be obtained for the Lunch and the Awards Banquet on Saturday by completing this form and returning it with a check payable to NCPBL. LIMITED GUEST TICKETS WILL BE AVAILABLE AT THE CONFERENCE.

<b># TICKETS FOR LUNCH:</b>		Guest Tickets at \$15=\$	
GUEST NAMES:			
GUEST NAMES:			
GUEST NAMES:			
GUEST NAMES:			
GUEST NAMES:			

<b># TICKETS FOR BANQUET:</b>		Guest Tickets at \$40=\$	
GUEST NAMES:			
GUEST NAMES:			
GUEST NAMES:			
GUEST NAMES:			
GUEST NAMES:			

<b>TOTAL AMOUNT ENCLOSED</b>	
------------------------------	--

**North Carolina Phi Beta Lambda**  
**58<sup>th</sup> Annual State Leadership Conference**  
**April 12-14, 2012 Hilton Charlotte University Place**

**2012 SLC FOUNDATION CONTRIBUTIONS FORM**

<b>SCHOOL or PD MEMBER:</b>	
-----------------------------	--

Contributions may be made to **The NCPBL Foundation, Inc., Scholarship Fund and/or the NCPBL Foundation, Inc.,** by completing the information requested below for the contribution and attaching your check. Please mail the check and a copy of the form to:

**The NCPBL Foundation, Inc.**  
**PO Box 20087**  
**Charlotte, NC 28202**

Recognition will be given during the State Leadership Conference for contributions and special certificates of recognition will be given to chapters that meet the state chapter goal for contributions for the Scholarship Fund (\$30 minimum contribution) and The NCPBL Foundation, Inc. (\$30 minimum contribution).

**Contributions to The NCPBL Foundation, Inc.:**  
(Make ONE check payable to The NCPBL Foundation, Inc.)

<b>Scholarship Fund - \$30 minimum contribution \$</b>	
and/or	
<b>The NCPBL Foundation, Inc. - \$30 minimum contribution \$</b>	
<b>TOTAL CHECK: \$</b>	



**North Carolina Phi Beta Lambda**  
**58<sup>th</sup> Annual State Leadership Conference**  
**April 12-14, 2012 Hilton Charlotte University Place**

**2012 SLC EXHIBIT SPACE RESPONSE FORM**

---

<b>SCHOOL or PD MEMBER:</b>	
-----------------------------	--

Our chapter would like to reserve a space in the exhibits area during the State Leadership Conference. Return this form with your registration materials.

**(DESCRIPTION OF EXHIBIT: ITEMS TO BE SOLD, SCHOOL RECRUITMENT, ETC.)**

--

A five- or six-foot table with two chairs will be available for your chapter's use. Exhibit space may only be utilized during the following times:

Friday -- 10:00 a.m.-7:30 p.m.

Saturday – 8:30 a.m. – 1:30 p.m.

Sales of any items may not be conducted at other times. Requests for space may be rejected if the description of the exhibit/sales item is deemed to be inappropriate for the purpose of the exhibits/sales area OR if there is a violation of the registered trademarks of Phi Beta Lambda. Announcements regarding chapter sales may not be made during General Sessions. Announcements encouraging conference participants to visit the campaign, exhibit, and sales booths will be made. Chapters taking advantage of the opportunity for exhibits/sales must certify by their signatures that:

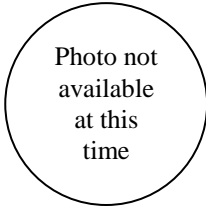
1. The chapter will be responsible for attending to its space with regard to appearance (tidiness) and security.
2. The chapter has received permission from the national office to use the registered trademarks of Phi Beta Lambda on items for sale.

The above rules are understood and agreed to as evidenced by the signatures of the following individuals:

<b>Chapter President:</b>	
<b>Chapter Adviser:</b>	

## 2012 NCPBL Annual Lapel Pin Order Form

---



<b>Name of School or Person:</b>	
<b>1<sup>st</sup> line Shipping Address:</b>	
<b>2<sup>nd</sup> line Shipping Address:</b>	
<b>City, State, Zip</b>	

**Cost per Pin:     \$10.00**

**Payment Options:**

- PAYPAL – Follow the link located on the NCPBL website ([www.ncpbl.org](http://www.ncpbl.org))
- Check – Only checks drawn on a school or chapter account will be accepted.  
*(make checks payable to NCPBL Foundation Inc.)*

**Shipping Costs:**

- \$2.00 for the first pin
- \$0.50 per additional pin (up to 5)
- \$4.95 USPS Flat Rate shipping for all orders over 5
- \$1.00 Delivery Confirmation will be added to ALL ORDERS.

**Order Deadlines:**

- **February 28, 2012** – Deadline for having orders shipped with guaranteed arrival prior to SLC
- **March 31, 2012** – Deadline for having orders delivered included in your SLC registration packets

---

	<b>= Quantity Ordered</b>
	<b>= Total Cost of Order (Qty. x \$10.00)</b>
	<b>= Shipping (please reference above table)</b>
	<b>= Grand Total</b>

**Send Completed Forms via Fax or Email:**

Chad Nichols at [fpresident@ncpbl.org](mailto:fpresident@ncpbl.org) or Fax at 704-660-6071

**Check Orders:**

Mail checks to the following address:  
 NCPBL Foundation Inc.  
 c/o Robbie McDonald  
 P.O. Box 20087  
 Charlotte, NC 28202