

**AUCTIONS**

**Return this Form to:**

**Sheila Jones**

**Wake Soil & Water Conservation**

**144 East Fleming Farm Drive**

**Youngsville, NC 27596-9224**

**Phone: 919-250-1965**

**Fax: 919-250-1058**

**Email: [sbjones@co.wake.nc.us](mailto:sbjones@co.wake.nc.us)**

**See Page 15 for Description**

**AUTHOR'S CORNER**

**Return this Form to:**

**Lynn Cole**

**1214 Vickers Ave.**

**Durham, NC 27702 USA**

**Fax: 978-231-8517**

**Email: [slcole@ntrnet.net](mailto:slcole@ntrnet.net)**

**See Page 15 for Description**

**SHARE FAIR**

**Return this Form to:**

**Lynn Cole**

**1214 Vickers Ave.**

**Durham, NC 27702 USA**

**Fax: 978-231-8517**

**Email: [slcole@ntrnet.net](mailto:slcole@ntrnet.net)**

**See Page 15 for Description**

# REGISTRATION FORM

## AUCTION DONATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip / PC \_\_\_\_\_

Country \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Item(s) I will bring for the Auction	Estimated value
--------------------------------------	-----------------

_____	\$ _____
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_____	\$ _____
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_____	\$ _____
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_____	\$ _____
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**Mail this form no later  
September 15 2001.  
Thank You.**

### SHARE FAIR

To take advantage of the **Share Fair**, send US \$20 entrance fee and the following form by September 15. Make check payable to NAAEE.

Your Name \_\_\_\_\_

Non-Profit Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Prov. \_\_\_\_\_ Zip / PC \_\_\_\_\_ Country \_\_\_\_\_

Daytime Ph. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Program or materials you will feature \_\_\_\_\_

**Mail this form no later than September 15, 2001**

### AUTHOR'S CORNER

I am an author and want to participate in **Author's Corner**.

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Prov. \_\_\_\_\_

Zip Code/PC \_\_\_\_\_ Country \_\_\_\_\_

Daytime Ph. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

I would like to suggest an author for NAAEE to invite:

Your Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_

Author's Name \_\_\_\_\_

Author's Address \_\_\_\_\_

City \_\_\_\_\_

State/Prov. \_\_\_\_\_ Zip Code/PC \_\_\_\_\_ Country \_\_\_\_\_

Daytime Ph. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Mail this form no later than September 15, 2001**