



TCC Access 2020

Purpose

Get an exclusive "behind the scenes" look and develop lasting relationships with senior municipal staff throughout the Triangle. This program will give participants the opportunity to meet and interact with local planning directors, development services directors, town managers and elected officials in an informal, relaxed environment. Whether you're new to the Triangle, new to your role, or just want to get to know the decision makers, this program is for you!

Program Details

Application Open to: Any TCC member in good standing, *excluding* Board Members. Applications will be reviewed and approved by the Executive Committee.

Attendee Cap: 15

Meetings: 4 Quarterly Breakfast Meetings*

Cost: \$250

Registration Deadline: January 24, 2020

Meetings & Requirement

Quarterly Meetings:

February: Introductory Mixer & Election Recap with Industry Experts. Meet your fellow Leadership participants and hear from a panelist of experts regarding local elections and how they will affect your business.

May: Breakfast Meeting with Local Development Services Directors. Tips and best practices for a better development process; hear from Raleigh, Cary and Durham.

August: Breakfast Meeting with Town Management & Planning Directors. How are towns managed? Learn about the role of local government through the development process.

November: Newly Elected Officials of the Triangle. Meet and hear from local elected officials after their first year in office. Stick around for networking afterwards.

Requirements:

*In addition to the program's quarterly meetings, participants are required to:

- Attend at least 1 Coffee Chat
- Attend at least 1 Events Committee Meeting
- Attend at least 1 Board Meeting
- Attend the Annual Meeting and the Political Pig Pickin'

Applicant Information

Name: _____

Company: _____

Position/Title: _____

Email: _____ Phone: _____

Submission Requirements

Please provide a brief explanation of why you are interested in joining ACCESS 2020 in the space below.

Payment Options

Payment

Invoice Me: _____

Charge My Card: _____

Card Type: VISA AMEX MASTERCARD

Card Number: _____

Exp. Date: _____ CVV: _____

Billing Address: _____

Name on Card: _____

Authorized Signature: _____