



REGISTRATION FORM

Continuing Education for GCs



Location of Classes: High Point Elks Lodge
700 Old Mill Rd
High Point, NC 27265

To complete registration, you must **list your name and qualifier number as it appears on the North Carolina Licensing Board for General Contractors website,** <https://nclbgc.org/qualifier-search/>.

In accordance with NCLBGC: This class requires an identification check; NCBI requires registrants to present a picture ID (valid state or federal ID preferred) at check-in. Registrants are **required to be present for the entire duration of the course** to receive NCLBGC Continuing Education Credit.

First Name: _____ Last Name: _____

Company: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____ (Email required to receive CE Certificate)

Local HBA: _____ HBA Member# _____ NCLBGC Qualifier# _____
(if applicable) (if applicable)

CONTINUING EDUCATION CLASSES

SELECT COURSES	✓	NCHBA Member Rate	✓	Non-Member Rate	DATE/START TIME	LENGTH
M2020 Mandatory CE Course		\$37.50		\$45	Tuesday, 6/16 8:00 am	2 hr.
DS103 What's New in Kitchen & Bath Trends		\$37.50		\$45	Tuesday, 6/16 10:15 am	2 hr.
PM202 What Does it Really Cost?		\$75		\$90	Tuesday, 6/16 1:15pm	4 hr.
PM203 Maximizing Your Profits: Cost Control		\$37.50		\$45	Tuesday, 11/10 8:00 am	4 hr.
MK203 Don't Sale Yourself Short		\$37.50		\$45	Tuesday, 11/10 1:15 pm	2 hr.
M2020 Mandatory CE Course		\$75		\$90	Tuesday, 11/10 3:30 pm	2 hr.
Add lunch to either date		\$10		\$10		
TOTAL						

Registration Total: \$ _____

For questions call: 336.885.5687 or
email: execofficer@highpointbuilders.com

Cancellation Policy: We know life happens and you might need to cancel. We are happy to move your registration to a new date at any time with no penalty. For cancellations more than 10 working days prior to the class, a full refund will be offered, minus credit card fees (if they apply). For cancellations between 10 and 5 working days prior to the class, a refund of 75% will be given. For cancellations fewer than 5 working days prior to the class, a refund of 50% will be given.

Mail this form with payment to: HPABA, 155 Northpoint Ave, Ste 109, High Point, NC 27262 or Fax: 336.885.5687

PAYMENT INFORMATION Check Enclosed (Payable to HPABA) VISA MasterCard AMEX

CC# _____ Exp Date: ____/____/____ CVV Code: _____

Print Name: _____ Amt Authorized: _____

Signature: _____

Billing Address for card: _____

OFFICE USE ONLY

Date Paid: _____

Check #/CC: _____

Amt Paid: _____

Paid By: _____