



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://nclbqc.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		HBA Member Rate		Non-Member Rate	DATE/START TIME	LENGTH
PM203 Maximizing Your Profits: Cost Control	✓	\$75.00	✓	\$90.00	Tuesday, 11/10 8:00 am	4 hr.
MK203 Don't Sale Yourself Short		\$37.50		\$45.00	Tuesday, 11/10 1:15 pm	2 hr.
M2020 NCLBGC Mandatory CE Course		\$37.50		\$45.00	Tuesday, 11/10 3:30 pm	2 hr.
ADD LUNCH?		\$10.00		\$10.00		
TOTAL						

Registration Total: \$ _____

For questions call: 336.885.5687 or
email: excofficer@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: _____