



REGISTRATION FORM MAKE-UP DAY for 2022

CE for GCs **Wednesday, JAN 15, 2023**

Location of Classes: ZOOM



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.** Registrants must 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 & Middle 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)

CONTINUING EDUCATION CLASSES

SELECT COURSES	✓	HBA Member Rate	✓	Non-Member Rate	DATE/START TIME	LENGTH
Accounting Essentials & Finance		\$37.50		\$45.00	Wed, 2/15 8:00 am	2 hr.
Construction Law Toolbox		\$37.50		\$45.00	Wed, 2/15 10:00 am	2 hr.
Construction Insurance		\$37.50		\$45.00	Wed, 2/15 12:00 pm	2 hr.
TOTAL						

Registration Total: \$ _____

For questions or to register call: 336.885.5687 or email form to: excofficer@highpointbuilders.com and call with credit card.

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.

For checks, mail this form with payment to: HPABA, 155 Northpoint Ave, Ste 200A, High Point, NC 27262

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: _____