

# REGISTRATION FORM



CE for GCs **Tuesday, AUG 15, 2023**



**Location of Classes:** High Point Area Builders Assoc  
155 Northpoint Ave, Ste 200A  
High Point, NC 27262

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;** NCLBGC 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 & 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
M2022 NCLBGC Mandatory CE Course	✓	\$40.00	\$47.50	Wed, 8/15 12:30 pm	2 hr.
Improve Communication on a Jobsite: Using Myers-Briggs Concepts to Better Your Bottom Line	✓	\$40.00	\$47.50	Wed, 8/15 2:30 pm	2 hr.
<b>TOTAL</b>					

**Registration Total: \$** \_\_\_\_\_

For questions or to register call: 336.885.5687 or email form to: [excofficer@highpointbuilders.com](mailto: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: \_\_\_\_\_