



REGISTRATION FORM

Continuing Education
for GC's

Location of Classes The Flame Banquet Center, 2301 Neuse Boulevard, New Bern, NC

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
BT104 Advanced Design of Foundation	\$90	\$110	Wednesday, 9/20, 8:00 am	4 hr.
BT110 Asbestos and Lead Awareness	\$45	\$55	Wednesday, 9/20, 1:00 am	2 hr.
M2023 NCLBGC Mandatory Course	\$45	\$55	Wednesday, 9/20, 3:15 pm	2 hr.
M2023 NCLBGC Mandatory Class	\$45	\$55	Thursday, 10/19, 8:00 am	2 hr.
PM108 How Much Should or Could I Make?	\$45	\$55	Thursday, 10/19, 10:15 am	2 hr.
BM303 Managing by the Numbers	\$90	\$110	Thursday, 10/19, 1:15 am	4 hr.
Add lunch to either date	\$18	\$18		
TOTAL				

For questions call:
252-636-3707 or email: info@newbernbuilders.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: HBACPC, PO Box 14009, New Bern, NC 28561 OR scan and email to info@newbernbuilders.com if paying credit card

PAYMENT INFORMATION ☐ Check Enclosed (Payable to HBACPC) ☐ 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: _____