

PHCC OF NORTH CAROLINA CONTINUING EDUCATION REGISTRATION FORM

Registration Date: ___ / ___ / ___ Contractor License #: _____ Check box if non-licensed

Name: (as it appears on your license) _____

Company: _____

Fax to 919-532-0523 or Mail to PHCC-NC, 5540 McNeely Drive - Suite 202, Raleigh, NC 27612
2007 PHCC-NC CONTINUING EDUCATION SEMINAR \$50.00/6 HOURS

CONTINUING EDUCATION SEMINARS January – June 2007 Registration www.ncaphcc.org

Location: _____ Date: _____

(Circle) Department: Mechanical Plumbing

(Check) Plumbing Seminar (Zone ___): 8AM-10AM: ___ 10:30AM-12:30PM: ___ Seminar 1:30PM-3:30PM: ___

(Check) Mechanical Seminar (Zone ___): 8AM-10AM: ___ 10:30AM-12:30PM: ___ Seminar 1:30PM-3:30PM: ___

(Circle) Attendee Classification:

- **PHCC Special Rate \$50.00/6 hours - Must register & pay 3 days prior to seminar date.**
- (CE Rate Increases Seminar Day – **Call toll free for details 877-PHCC4CE**)

(Circle) Member Classification:

- Contractor Member: (12 hrs. free; subsequent licensees/employees 6 hours for \$50.00)
- Associate Member: (6 hrs. free; subsequent licensees/employees 6 hours for \$50.00)

(Circle) Payment Method: *Credit Card *Check (Payable to PHCC-NC) *Money Order

- ❖ Contact Carla Gilbert toll free 877-PHCC4CE (877-742-2423) with questions on membership &/or registration.
- ❖ **Indicate how you would like your confirmation notice sent to you 1 month prior in the bolded area below.**

2007 CREDIT CARD INFORMATION:

(Circle) Type of Card: American Express MasterCard Visa

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____

Billing Address: _____

City, State and Zip _____

Billing Phone #: (____) _____ **Fax #:** (____) _____ **Email:** _____

Amount of Charge:\$ _____ Date Authorized: _____ Signature: _____

New for 2007: Please note a \$20.00 transfer fee will be applied to 2, 4, or 6 hours within the same calendar year

For Official Use Only:	
Invoice: Mailed or Faxed/Date: ___ / ___ / ___	By ___ Date Pd: ___ / ___ / ___
Entered: ___ / ___ / ___	By ___
ID#: _____	AUTH#: _____
Accounting Code: _____	