

# REGISTRATION FORM



**TO COMPLETE REGISTRATION**, you will need to 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 at check-in: NCBI requires a picture ID (valid state or federal ID preferred).
- Registrants are required to be present for the entire duration of the course to receive NCLBGC Continuing Education Credit.

**\*\*Lunch and snacks will be provided\*\***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (required): \_\_\_\_\_

Local HBA: \_\_\_\_\_ Member Pin #: \_\_\_\_\_ NCLBGC Qualifier # \_\_\_\_\_  
(if applicable) (if applicable)

## CONTINUING EDUCATION CLASSES

*Classes will be held at Wilson Economic Development 106 Barnes St W Wilson*

DATE / START TIME	COURSES	LENGTH	HBA Member Rate	Non-Member Rate
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All Classes are FULL 8 hours Start time is 8:00 am

**CLASS IS FULL**

DATE / START TIME	COURSES	LENGTH	HBA Member Rate	Non-Member Rate
<input type="checkbox"/> <b>Wednesday, April 29, 2026</b> Instructor: Chad Collins	M2026 NCLBGC Mandatory Course	2 hr.	<input type="checkbox"/> \$185	<input type="checkbox"/> \$250
	PM110 Buyer's Right to Inspect	2 hr.		
	PM113 Improving Your Process	2 hr.		
	BT215 Building Better Foundations	2 hr.		
<input type="checkbox"/> <b>Wednesday, September 9, 2026</b> Instructor: Gian Hasbrock	M2026 NCLBGC Mandatory Course	2 hr.	<input type="checkbox"/> \$185	<input type="checkbox"/> \$250
	MK207 Gold Metal Sales	2 hr.		
	MK108 Personality Selling	2 hr.		
	MK107 Generational Identity	2 hr.		
<input type="checkbox"/> <b>Thursday, November 5, 2026</b> Instructor: Greg Isenhour	M2026 NCLBGC Mandatory Course	2 hr.	<input type="checkbox"/> \$185	<input type="checkbox"/> \$250
	PM108 How Much Should or Could I Make?	2 hr.		
	LD311 Different Strokes For Different Folks	4 hr.		

**OFFICE USE ONLY**

Date Paid:  
 Check #/CC:  
 Amt Paid:  
 Paid By:

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

**To pay by check:**  
 Mail check and form to: HBA of Wilson, PO Box 7011, Wilson NC 27895

**To pay by credit card:**  
 Register online - [www.hbaofwilson.com](http://www.hbaofwilson.com)