



NARI Green Remodeling Course Application

Name _____
 Company Affiliation _____
 Street Address _____
 City/Town _____ State _____ Zip _____
 Phone _____ FAX _____
 Email _____

I have been working in the remodeling industry continuously for _____ years.
 I have been conducting green remodeling for _____ years, completing _____ projects (est).
 The appropriate class fees are included:

Program- Select one of the following	Member	Non-Member
<input type="checkbox"/> NARI Web-based Green Remodeling Course Only *By checking this box I understand that I am only participating in NARI's Education Course which I will earn 24 hours of continuing education upon completion. Course start date: _____	\$495	\$695
<input type="checkbox"/> NARI Web-based Green Remodeling Course and Certification *By checking this box I understand that I am participating in NARI's Green Education Course and will become certified only after successfully passing the Green Certified Professional exam. Course start date: _____	\$1,045	\$1,245
<input type="checkbox"/> Green Certified Professional Certification *By checking this box I understand that I am only participating in NARI's Green Certified Professional Certification and will become certified only after successfully passing the Green Certified Professional exam. I also understand that I will receive study materials. **Select if participating in a chapter program. Additional fees may apply. ***Download GCP application and submit with correct fees.	\$650	\$850
<input type="checkbox"/> Green Certified Professional Certification with no study materials *By checking this box I understand that I am only participating in NARI's Green Certified Professional Certification and will become certified only after successfully passing the Green Certified Professional exam. I also understand that I will NOT receive study materials. **Select if previously participated in NARI Green Course. ***Download GCP application and submit with correct fees.	\$550	\$750

Credit Card Information:

Name on Card _____ Card Number _____
 Card Expiration Date _____ Card Type: MC, Visa, AMEX Amount \$ _____
 Card billing address (if different than above)
 Street _____ City _____ State _____ Zip _____
 Signature _____



Education Course Sponsored By: C a b i n e t s, I n c.