



NARI Universal Remodeling Course Application

Name _____

Company Affiliation _____

Street Address _____

City/Town _____ State _____ Zip _____

Phone _____ FAX _____

Email _____

FAX completed application(s) to **847 298 9225**

I have been working in the remodeling industry continuously for _____ years.

I have been conducting universal remodeling for _____ years, completing _____ projects (est).

The appropriate class fees are included:

Program- Select one of the following

- NARI Web-based Universal Remodeling Course Only
 *By checking this box I understand that I am only participating in NARI's Education Course which I will earn 8 hours of continuing education upon completion.

Member	Non-Member
\$295	\$395

Course start date: _____

- NARI Web-based Universal Remodeling Course and Certification
 *By checking this box I understand that I am participating in NARI's Universal Education Course and will become certified only after successfully passing the Universal Design Certified Professional exam.

\$495	\$595
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***Download UDCP application and submit with this form and the correct fees.

Course start date: _____

- Universal Design Certified Professional Certification
 *By checking this box I understand that I am only participating in NARI's Universal Design Certified Professional Certification and will become certified only after successfully passing the Universal Design Certified Professional exam. I also understand that I will receive study materials.

\$299	\$399
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**Select if participating in a chapter program. Additional fees may apply.

***Download UDCP application and submit with correct fees.

- Universal Design Certified Professional Certification with no study materials \$249 \$349

*By checking this box I understand that I am only participating in NARI's Universal Design Certified Professional Certification and will become certified only after successfully passing the Universal Design Certified Professional exam. I also understand that I will **NOT** receive study materials.

**Select if previously participated in NARI Universal Course.

***Download UDCP application and submit with correct fees.

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 _____

Certified Professional
NARI

Certified Professional
NARI

Certified Professional
NARI