



NARI Universal 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 universal remodeling for _____ years, completing _____ projects (est).
 The appropriate class fees are included:

Program- Select one of the following **Member** **Non-Member**

NARI Web-based Universal Remodeling Course Only \$295 \$395
 *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.

Course start date: _____

NARI Web-based Universal Remodeling Course and Certification \$495 \$595
 *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 Remodeler exam.

Course start date: _____

Universal Design Certified Remodeler Certification \$299 \$399
 *By checking this box I understand that I am only participating
 in NARI's Universal Design Certified Remodeler Certification and will
 become certified only after successfully passing the Universal Design
 Certified Remodeler exam. I also understand that I will receive study materials.

**Select if participating in a chapter program. Additional fees
 may apply.

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

Universal Design Certified Remodeler Certification with no study materials \$249 \$349
 *By checking this box I understand that I am only participating
 in NARI's Universal Design Certified Remodeler Certification and will
 become certified only after successfully passing the Universal Design Certified
 Remodeler exam. I also understand that I will **NOT** receive study materials.

**Select if previously participated in NARI Universal Course.

***Download UDCR 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 _____