



## NARI Build a Better Business Workshop Application

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**Please send completed application to:**

**Mail:** NARI – Certification  
700 Astor Ln  
Wheeling, IL 60090

**Email:** Certification@nari.org

**Fax:** (847) 298-9225

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### Contact Information

Registrant Name: \_\_\_\_\_

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

Primary Phone Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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### Company Background

Type of company: Check all that apply

- Home Improvement       Specialty Contractor       Kitchen & Bath Contractor
- Design & Build Contractor       Other: \_\_\_\_\_

Number of Employees: \_\_\_\_\_      Years in business: \_\_\_\_\_

Annual Revenue: \_\_\_\_\_      Percent of business that is subcontracted: \_\_\_\_\_

Average number of projects per year: \_\_\_\_\_      Average cost of each project: \_\_\_\_\_

## Payment Policy

All fees accompanying this application are nonrefundable and nontransferable.

### NARI Build a Better Business Workshop Fee

Member Fee: ~~\$2,000~~ \$1,500

Non-Member Fee: ~~\$2,750~~ \$2,250

Payment type:  Check  Visa  Mastercard  American Express

Cardholder Name: \_\_\_\_\_

Credit Card Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Amount Authorized: \$ \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

By signing below, I acknowledge my understanding of the payment policy outlined above and I authorize NARI to process payment for the above indicated total.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_