

# 2017-2018 NCBA A Continuing Education Registration Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

NPN # \_\_\_\_\_ Business Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_ Special Needs Type \_\_\_\_\_

*A confirmation email will be sent to you at the email address provided above.*

*Please notify NCBA A of all special needs, dietary as well as physical, requirements and allow a minimum of 10 business days for arrangement.*

*The North Carolina Bail Agents Association conducts activities and procedures without regard to race, creed, color, national origin, gender, disability, sexual orientation or gender identity.*

Return completed registration form with payment to:

**NCBA A**  
**1220 Eastchester Dr., Ste 104**  
**High Point, NC 27265**  
*Make Check or Money Order payable to NCBA A*

**Or Check out our On-line registration for the class of your choice.**

**PLEASE PRINT**

I would like to pay for my class by Credit Card.  
 Visa  MasterCard  Am. Express  Discover

Amount Charged \$150.00

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_  
( 3 digit code on back )(AmEx 4 digit on front)



Your Name on Card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

**Fax form to 1-866-249-7020-credit card payment only**  
**NCBA A is not responsible for contacting the fax sender if information is incomplete, unreadable or if the charge is denied.**

**Continuing Education Classes** (circle one)  
**CE Registration Fee \$150**

**Class Dates**

**October 14, 2017**  
**NCBA A Office-High Point-LIVE**  
**Conceal Carry Handgun Class**

1220 Eastchester Dr., Ste 104  
 High Point, NC 27265  
 Telephone: 919.832.0867  
 Fax: 866-249-7020

OFFICE USE ONLY:

Date Paid: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Dues Paid: \_\_\_\_\_

**Refund Policy**

You may move from class to class but if you decide to attend no CE class with NCBA A, refund request must be received by mailing or faxing a signed refund request . Any refund will be based on the date we receive your request.

30 days prior to class date	100% refund
15-29 days prior to class date	75% refund
10-14 days prior to class date	50% refund
Less than 10 days prior to class date	No refund

*Dues are not refundable*

There will be a \$25 return check fee per check for any returned check per (NCGS 6-21-3)

**Your registration is not complete unless payment is made in full.**