



PHN: (919) 872-2740 | FAX: (919) 872-4826 | EMAIL: info@nc-mha.org

General Contractor Seminars

NCMHA has coordinated with *Contractor's Seminars* to offer the NC Builders General Contractor seminar and the NASCLA Accredited seminar to the membership at discounted prices. A member can attend any of *Contractor's Seminars* regularly scheduled NC Builders course for a discounted membership price of **\$1065.00** or the NASCLA at a discounted membership price of **\$1855.00**. For more information, visit *Contractor's Seminars* website at www.contractorsseminars.com.

ASHEVILLE BUILDING & NASCLA SEMINARS

Double Tree Biltmore
115 Hendersonville Road
Asheville, NC
828.274.1800

ASHEVILLE DATES

February 2, 2017
April 4, 2017
June 9, 2017

CHARLOTTE BUILDING & NASCLA SEMINARS

Hampton Inn/Mooresville
119 Gallery Center Drive
(I-77 N @ exit 36)
Mooresville, NC
704.660.7700

CHARLOTTE DATES

March 1, 2017
May 6, 2017

RALEIGH BUILDING & NASCLA SEMINARS

DoubleTree Hotel (formerly Hilton/RTP)
4810 Page Creek Lane
Durham, NC
919.941.6000

RALEIGH DATES

February 4, 2017
March 4, 2017
April 7, 2017
May 5, 2017

Seminar Time

Registration: 8:00 am

NC Builders Seminar 8:00 am – 3:30 pm

NASCLA Seminar 8:00 am – 5:00 pm

Cost includes the seminar, home study CD, all required books (cost without the books is \$360.00) and shipping, and handling. *Contractor's Seminars* guarantees if you fail the examination after taking the seminar, you may return to any regularly scheduled course without charge for up to one year until you pass the exam. **If it has been more than one year since you have attended the seminar you will be required to pay an upgrade fee of \$185.00 (NC Builders Seminar only).**

Complete this form, mark the date you wish to attend and return to NCMHA, PO Box 58648, Raleigh, NC 27658 with a check or money order payable to NCMHA or complete the credit card information below and email to bobbi@nc-mha.org or fax to (919) 872-4826.

Name: _____

Company: _____

Company Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please charge: Visa Mastercard AMEX for the amount of: _____

Card#: _____ Exp. Date: _____

Signature: _____ Print Name on Card: _____