



EVENT REGISTRATION FORM

This form registers you for a three-hour class that is eligible for Construction Contractor Board credit. The course is free if you **do not** want credit. It is \$45 for residential contractors taking it for continuing education.

Questions: 503-934-2227

Registration must be received one week before the event.

1. ATTENDEE INFORMATION			
Name		Status <input type="checkbox"/> Owner <input type="checkbox"/> Employee	
Mailing Address		City, State	Zip Code
Telephone Number ()	e-Mail Address		
2. BUSINESS INFORMATION			
Business Name		CCB License No.	
Mailing Address		City, State	Zip Code
3. CLASS INFORMATION- (Complete this section to reserve your seat)			
Course Location		Course Date	
4. PAYMENT INFORMATION \$45 (CCB credits only)			
<input type="checkbox"/> Pay \$45 by credit card: Complete the information below. Fax this form to CCB's secure fax 503-373-2155		<input type="checkbox"/> Pay \$45 by check: (check payable to CCB) Mail registration form and payment to: CCB PO Box 14140 Salem, OR 97309-5052	
Cardholder Name			
Billing Address <i>Check if same as above:</i> <input type="checkbox"/>		City, State	Zip Code
Telephone Number ()	e-Mail Address		
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover			
Card Number:			Expiration Date:
Card authorization signature			Date