



NARI Build a Better Business Workshop Application

Please send completed application to:

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

Email: Certification@nari.org

Fax: (847) 298-9225

Contact Information

Registrant Name: _____

Company Name: _____

Primary Phone Number: _____

Primary Email Address: _____

Mailing Address: _____

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

NARI Member Fee: \$2000

Non-Member Fee: \$2,750

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: _____