



**Continuing Education Program**  
**Registration Form**

(Please Print)

On-line Course Registration:  Classroom Course Registration: \_\_\_\_\_

Check if there is a change in name, address or employer  Course Date: \_\_\_\_\_

Course Location: **City of Raleigh (Litchford Office)**

ID #: \_\_\_\_\_ Certificate #: \_\_\_\_\_ License #: N/A

Course #: \_\_\_\_\_ Sponsor #: \_\_\_\_\_ Course Fee: \_\_\_\_\_

Course Title: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

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

**This course, when offered during fiscal year 2012/2013, meets the requirements of the North Carolina State Board of Examiners of Electrical Contractors for eight (8) contact hours of continuing education credit. This course is not sponsored by the Board.**

***“Designing the foundation of public safety, health and welfare through education”***

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