



Submit Form To  
Email: [office@ncbeec.org](mailto:office@ncbeec.org)  
Mail: NCBEEC, 3101 Industrial Drive, Ste. 206,  
Raleigh, NC 27609  
Fax: (800) 691-8399

## REGISTRATION FORM

**Purchase of a Standard Registration includes admittance to the event and attendee badge.** Registration does not include admittance to the banquet dinner but banquet tickets may be added to your registration below. Registrations received after 3/31/23 will be charged a higher registration fee of \$95.00 per person.

### SECTION 1 – BUSINESS CONTACT INFORMATION

A receipt will be emailed to the Primary Contact and Contact Email listed below.

Company Name: \_\_\_\_\_  
(Company listed here will be printed on each attendee ID badge)

Company Mailing Address: \_\_\_\_\_  
Street Address or P.O. Box City State Zip

Primary Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_  
(List person responsible for all registration and billing questions.)

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

### SECTION 2 - REGISTRATION INFORMATION

Please list each person you are registering to attend the event. Copy form as needed if registering more than 3 people.

#### Registrant 1

Last Name _____	First Name _____
SSN 4: _____	License # and/or Inspector ID #: _____
Select Type/Role: <input type="checkbox"/> Electrical Contractor	<input type="checkbox"/> Inspector <input type="checkbox"/> Other: _____
Will this Registrant be attending the Banquet Dinner? <input type="checkbox"/> YES	<input type="checkbox"/> NO If YES, how many tickets? _____

#### Registrant 2

Last Name _____	First Name _____
SSN 4: _____	License # and/or Inspector ID #: _____
Select Type/Role: <input type="checkbox"/> Electrical Contractor	<input type="checkbox"/> Inspector <input type="checkbox"/> Other: _____
Will this Registrant be attending the Banquet Dinner? <input type="checkbox"/> YES	<input type="checkbox"/> NO If YES, how many tickets? _____

#### Registrant 3

Last Name _____	First Name _____
SSN 4: _____	License # and/or Inspector ID #: _____
Select Type/Role: <input type="checkbox"/> Electrical Contractor	<input type="checkbox"/> Inspector <input type="checkbox"/> Other: _____
Will this Registrant be attending the Banquet Dinner? <input type="checkbox"/> YES	<input type="checkbox"/> NO If YES, how many tickets? _____



REGISTRATION FORM - STANDARD

**SECTION 3 - REGISTRATION INFORMATION**

Fill in the total number of Standard Registrations needed and Banquet Dinner tickets from previous page (if any) and total.

Registration Type	Fee	Qty	Total Fee
Standard Registration*	\$ 85.00/ea.		\$
Banquet Dinner	\$ 45.00/ea.		\$
<b>Total Due</b>			<b>\$</b>

*\*Registrations received after 3/31/23 will be charged an increased registration fee of \$95.00 per person.*

**SECTION 4 - PAYMENT INFORMATION**

Please Note: ALL FEES ARE NON-REFUNDABLE. A receipt will be emailed to the Primary Contact listed in Section 1.

Payment Method:  Check [Make Payable To: NCEI, 3101 Industrial Drive, Suite 206, Raleigh, NC 27609]

Credit Card

CREDIT CARD NUMBER	NAME ON CARD		EXP. DATE
CARD BILLING ADDRESS	BILLING CITY / STATE	BILLING ZIP CODE	3-DIGIT SECURITY CODE

*\* Exact billing address for credit card must be entered for charges to be processed.*

PLEASE ALLOW 7 – 10 BUSINESS DAYS FOR PROCESSING

A RECEIPT WILL BE EMAILED TO THE CONTACT EMAIL  
LISTED IN SECTION 1 OF THIS FORM