

Course Registration Form

PARTICIPANT INFORMATION

Full Name _____

Title _____

Company _____

Mailing Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

E-mail _____

Special Requirements: _____

FEES/PAYMENT OPTIONS

\$885 – NCI Charrette System™ Certificate
October 6, 7, 8

NOTE: CNU members receive a **10% discount**. Please include a copy of your conference registration or valid CNU membership card with this registration.

Enclosed is a check for the course fee, payable to:
National Charrette Institute

Charge the course fee to my: VISA MasterCard

Cardholder's Signature _____

Cardholder's Name (please print) _____

Card Number _____ Exp. Date _____

WHEN & WHERE

NCI Charrette System™ Certificate (3 days)
October 6, 7, 8
9:00 am - 5:00 pm daily (lunch included)

All trainings held at:
Chicago Center for Green Technology
445 N. Sacramento Blvd
Chicago, IL 60612



These courses are accredited with the AIA for continuing education system (CES) units and with the AICP for certification maintenance (CM) credits.

REGISTRATION SUBMISSION

Mail this form w/ payment to: National Charrette Institute
1028 SE Water Ave. #245
Portland, OR 97214

or

Call / Fax us at: Phone: (503) 233-8486
Fax: (503) 233-1811

Comments? Questions? info@charretteinstitute.org
www.charretteinstitute.org

Please complete and return registration form and payment at least ten days prior to training.

CANCELLATION POLICY

You may have someone substitute for you at any time. If you must cancel, and we receive your cancellation at least 10 business days before the program, we will refund your full registration fee. If we receive your cancellation less than 10 business days prior to the program, we will refund your registration fee less a 10% processing charge.

Pre-Course Evaluation

Please complete and submit this form with your registration and payment. The NCI instructors will use the information you provide to adjust the course to better meet your needs. Please feel free to attach additional sheets as necessary.

Name: _____

Title / Department: _____

Organization: _____

Please describe your current situation and how it has led you to register for this training.

Does this training pertain to a particular project?

What are you most interested in learning from this training?

If you are not completing the prerequisite training(s) during this series of courses, please list the dates and locations of qualifying prior trainings attended.