



PHN: (919) 872-2740 | FAX: (919) 872-4826 | EMAIL: info@nc-mha.org

NCMHA REGISTERED HOUSING SPECIALIST SEMINAR

Seminar: Complete this form and return to bobbi@nc-mha.org or mail to NCMHA, PO Box 58648, Raleigh, NC 27658 with credit card number, check or money order for \$125.00 payable to NCMHA. **Space is limited and on a first come first serve basis.**

Lunch will be on your own. No form will be processed without payment. **No registrations will be taken at the door.**

Upon receipt of your registration form and fee (\$125.00) you will be sent a study guide and added to the list of registrations pending test assignment dates. Once you have been assigned a testing date by NCOSFM MBD, we will coordinate your seminar for the same date and location and email you confirmation of the date and location of your class & test. After completing the seminar & passing the State Exam you will be sent (at a later date) a certificate and a Code of Ethics certificate and an engraved nameplate. **DO NOT call NCMHA to find out if you passed the test.**

NCDOI will give the State Exam at 2:00 p.m. following the NCMHA seminar. **You must hold an active temporary salesperson license issued by the manufactured building division in order to qualify to take the test. You must present a valid government issued photo id on the day of your scheduled test.**

No Shows: No shows on the day of the seminar **will not receive a refund.** No shows who wish to sign up for a future seminar must pay a \$75.00 re-sign fee and call Bobbi at NCMHA to re-register.

Make check payable to **NCMHA**. The cost is **\$125.00 per person**. Mail check and registration form to NCMHA, P.O. Box 58648 Raleigh, NC 27658-8648, fax to 919-872-4826 or email to bobbi@nc-mha.org. Call Bobbi Peterman at 800-849-6311 with any questions.

Name: _____ Temporary Expiration Date: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Enclosed is a check made payable to NCMHA for: _____

Please charge: Visa Mastercard AMEX for the amount of: _____

Card#: _____

Exp. Date: _____ CVV _____ Zip Code _____

Signature: _____ Print Name on Card: _____