

North Carolina Board of Architecture Continuing Education Sponsor Application

(please print clearly)

Today's Date : _____

Name of Organization: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Ext.: _____

E-Mail: _____ Web Site: _____

Name of Course: _____

Date: _____

Time: _____

Location: _____

Number of Contact Hours: _____

Description of Course Content:
(Attach information, if necessary.)
