



National Council for Interior Design Qualification

2009 CE Registry Participant Form

PLEASE PRINT CLEARLY TO ENSURE ACCURATE PROCESSING. Use this form to add an IDCEC-approved continuing education course to your CE transcript. Submit this form to your course sponsor at the end of the course. The course sponsor will send your form to NCIDQ with payment. If the sponsor does not pay the recording fee on your behalf, you must provide check or credit card payment with this form. If the sponsor cannot submit this form on your behalf, send it to NCIDQ by mail (address below) or fax it to (202) 721-0221. For updated forms, visit www.ncidq.org.

PERSONAL INFORMATION

NCIDQ respects your privacy. We will protect your confidential information. Please go to www.ncidq.org to review our full privacy policy.

Name _____
FIRST MIDDLE LAST

Primary Address _____

City _____ St/Prov _____ ZIP/PC _____

Phone _____ E-mail _____

Date of Birth (MM/DD/YY) _____ Last four digits of Social Security/Insurance Number _____

NCIDQ Certificate Number _____ My Certificate is Active Non-active Don't know

COURSE INFORMATION

This course must be approved by the Interior Design Continuing Education Council (IDCEC) to be added to your CE transcript. IDCEC approval is managed by IDCEC's member organizations: ASID, IDC, IDEC and IIDA. Approved courses are reciprocally accepted by all IDCEC members.

Course Title _____ Course Number _____

Instructor _____ Date(s) Offered _____

Course Location (City, State) _____ CEUs Earned (10 CE hours = 1 CEU) _____

SIGNATURE REQUIRED: I authorize NCIDQ to add this course to my CE transcript. NCIDQ will record and maintain this information.

Signature _____ Date _____

PAYMENT

The nonrefundable recording fee is \$12 US/\$12 CAN per participant, payable to NCIDQ. Checks made payable in Canadian funds must be drawn on a Canadian bank. NCIDQ accepts Visa, MasterCard, American Express and Discover. DO NOT SEND CASH.

The sponsor of this course will pay the \$12 recording fee on my behalf. (Do not enter payment information below.)

Check Check Number _____ Make \$12 check payable to NCIDQ.

Credit Card Account Number _____ Exp. Date _____

Cardholder Name _____

Billing Address _____

City _____ State/Prov _____ ZIP/PC _____

Cardholder Signature _____ Date _____