



**National Kitchen & Bath Association®  
Company CEU Provider Application**

**BUSINESS CONTACT INFORMATION**

Organization/company name:

Type of organization:

Point of contact:

Alternate point of contact:

Phone:

Fax:

E-mail:

Company address:

Address 2:

City:

State:

ZIP Code:

Country:

Website:

**NKBA MEMBERSHIP STATUS**

NKBA member: YES  NO

If Yes, Member ID #:

If No, Application Sent?

Date:

All CEU Provider Partners must maintain active membership with NKBA. CEU Provider approval cannot be awarded until NKBA membership has been processed.

**PAYMENT INFORMATION**

Provider Fees = \$750 annually (plus applicable NKBA annual membership dues – remit separately)

**Payment Method**

VISA

MASTERCARD

AMERICAN EXPRESS

CHECK

Account number:

Expiration date:

Cardholder name:

Cardholder signature:

**AGREEMENT**

1. I agree to annually maintain active membership status with the National Kitchen & Bath Association.
2. I acknowledge that this agreement is for a one-year period, to be renewed on an annual basis.
3. I agree to annually submit my CEU Provider fees of \$750, plus all applicable membership dues.
4. I understand that this agreement allows my organization/company to provide up to six courses per year. Additional courses will be subjected to a \$75.00 fee per course.
5. I acknowledge that all courses are subject to audit every two years by the National Kitchen & Bath Association and that I may be removed from the CEU Provider Program if courses are deemed non-compliant with the conditions set forth by the National Kitchen & Bath Association, and that I must notify the NKBA of any changes to the courses submitted under the terms of this agreement, within no less than two weeks of the course date.
6. I acknowledge that my organization/company may not use the NKBA CEU Logo without official approval from the National Kitchen & Bath Association.
7. I understand that as an Approved CEU Provider, I have access to the NKBA membership e-mail list to be used in compliance with the terms and conditions as established by the National Kitchen & Bath Association.
8. I agree to furnish the National Kitchen & Bath Association with my company logo for listing on the NKBA website.
9. I acknowledge that NKBA will provide a direct link to our company website that contains course information.
10. I agree to use the NKBA CEU logo on our company website that contains our course information.
11. I acknowledge that if I do not renew my NKBA membership or remit my annual Provider Registration, I will be removed from the CEU Provider Program and will lose all benefits and privileges associated therewith.

Signature:

Title/Date: