

Class of 2026 Application – Deposit Required

Name:	Title:	
Company:		
Company Address:		
City, State, Zip:		
Email:	Cell:	
Education / Training Experience	;	
Degree Earned / School (if appl	icable):	
Years in the Industry:		
Please list any food allergies or	dietary restrictions:	
in the class. Firms may enroll <u>or</u> August 1, firms may enroll a sec	ne participant to start. If the ond participant. Remaining as size is limited, and applice Ilation Policy: While fees ar	fees are due prior to the start ants will be accepted on a first- re non-refundable, BXFlex
Payment Information:		
☐ Check enclosed ☐ Credit car	d: (Circle one) AMEX DISC	C MC VISA
Card Number:		
Amount Charged:	CVV:	Exp. Date:
Name on Card:		
Card Billing Address:		
Authorized Signature:		
Please note a 3% processing fee is added	to all credit card payments.	

Questions?

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