



**ACI Concrete Laboratory Testing Technician Grade 2 - 2010 Workshop/Exam Schedule
REGISTRATION FORM - Complete all numbered sections**

① Check the box(es) for the workshop and/or exam you wish to attend. Check **ONLY ONE** set of workshop/exam dates for **ONE** city. Use a separate registration form for each set of dates in each city. (Dates are subject to availability.)

TAMPA	
<input type="checkbox"/> January 21–22	Workshop/Exam
<input type="checkbox"/> January 22	EXAM ONLY
<input type="checkbox"/> July 29–30	Workshop/Exam
<input type="checkbox"/> July 30	EXAM ONLY

ORLANDO	
<input type="checkbox"/> March 11 - 12	Workshop/Exam
<input type="checkbox"/> March 12	EXAM ONLY
<input type="checkbox"/> October 21– 22	Workshop/Exam
<input type="checkbox"/> October 22	EXAM ONLY

CANCELLATIONS AND/OR RESCHEDULES MUST BE COMPLETED SEVEN (7) BUSINESS DAYS PRIOR TO THE WORKSHOP OR EXAM. FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE. FEES ARE NON-REFUNDABLE WITHIN SEVEN (7) BUSINESS DAYS OF THE WORKSHOP OR EXAM. DATES ARE SUBJECT TO AVAILABILITY.

② You may register up to five people on each registration form, for the same set of workshop and/or exam dates. Check the box to indicate the individual's attendance at a workshop/exam or the type of exam only.

Name	Driver's License #	Workshop & Exam	EXAM ONLY		
		<input type="checkbox"/>	<input type="checkbox"/> Full Exam	<input type="checkbox"/> Written Retest	<input type="checkbox"/> Performance Retest
		<input type="checkbox"/>	<input type="checkbox"/> Full Exam	<input type="checkbox"/> Written Retest	<input type="checkbox"/> Performance Retest
		<input type="checkbox"/>	<input type="checkbox"/> Full Exam	<input type="checkbox"/> Written Retest	<input type="checkbox"/> Performance Retest
		<input type="checkbox"/>	<input type="checkbox"/> Full Exam	<input type="checkbox"/> Written Retest	<input type="checkbox"/> Performance Retest
		<input type="checkbox"/>	<input type="checkbox"/> Full Exam	<input type="checkbox"/> Written Retest	<input type="checkbox"/> Performance Retest

③ Enter the quantity and sub-total for the workshops and/or exams. Don't forget to order self-study materials if you need them. (Fees are subject to change without notice. Fees are non-refundable within 7 days of the workshop or exam.)

Description	Qty	Each	Sub-total
Workshop & Exam (includes Technician Workbook CP-18)	_____	\$ 440.00	\$ _____ .00
Exams Only (Full Exams -New Certifications; Written Retest; or Performance Retest)	_____	265.00	\$ _____ .00
ACI Concrete Lab Testing Technician Grade 2 Workbook CP-18 (includes \$6 flat rate shipping)	_____	75.00	\$ _____ .00
TOTAL			\$ _____ .00

④ Enter your contact and shipping information. Be sure to enter a PHYSICAL shipping address.

Company: _____ **Name** _____
 (person submitting this form): _____
Billing Address: _____ **City:** _____ **St:** _____ **Zip:** _____
Shipping Address: _____ **City:** _____ **St:** _____ **Zip:** _____
Phone: _____ - _____ - _____ **FAX:** _____ - _____ - _____ **Email:** _____

⑤ Enter your payment information. If paying by check, be sure to attach the check to the registration form.

Pay by Check	Pay by Credit Card	Pay by Invoice
Check No.: _____ Amount: \$ _____ .____	Credit Card No.: _____ - _____ - _____ - _____ Expiration Date: ____ / ____ CVV: _____ Name on Card: _____ Signature: _____	P. O. #: _____ You must be approved for invoicing. Email accountsreceivable@cmech.org , if you are unsure of approval status.

Mail this form with check payable to: CMEC, 850 Courtland St, B1, Orlando FL 32804 407-628-3682
 If you are paying by credit card or invoice you may fax this form to 407-628-3283.

Register ONLINE at www.cmech.org