



450 Specification Certification 2018 Workshop/Exam Schedule

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.

ORLANDO			
<input type="checkbox"/> April 4	Workshop/Exam	<input type="checkbox"/> September 13	Workshop/Exam
<input type="checkbox"/> April 4	EXAM ONLY	<input type="checkbox"/> September 13	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.

In order to receive this certification you must have a valid PCI Level 2 Certification. Please attach a copy of your certification certificate with this application. If you do not have a valid PCI Level 2 certification you will not be issued your 450 Specification Certificate until valid proof is submitted.

Check the box to indicate the individual's attendance at a workshop/exam or the type of exam only.

Workshop & Exam	EXAM ONLY		
<input type="checkbox"/>	<input type="checkbox"/> Full Exam	<input type="checkbox"/> Written Retest	<input type="checkbox"/> Performance Retest

Technician Name: _____
Driver's License# _____
Technician Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Email:** _____

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
PCI Members & FDOT (price includes workbook and exam)	_____	\$ 282.00	\$_____.00
Non-Members (price includes workbook and exam)	_____	260.00	\$_____.00
Retest Exams for Members & FDOT	_____	175.00	\$_____.00
Retest Exams for Non-Members	_____	175.00	\$_____.00
TOTAL			\$_____.00

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:** _____

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

Mail this form with check attached to: CMEC, 2779 Apopka Blvd, Apopka FL 32703
If you are paying by credit card or invoice you may fax this form to 407-628-3283.

Register ONLINE at www.cmec.org