



Concrete Field Inspector Specification 2018 Workshop/Exam Schedule REGISTRATION FORM

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	MIAMI	ORLANDO	JACKSONVILLE
<input type="checkbox"/> August 22 - 24 Workshop/Exam <input type="checkbox"/> August 24 EXAM ONLY <input type="checkbox"/> December 12- 14 Workshop/Exam <input type="checkbox"/> December 14 EXAM ONLY	<input type="checkbox"/> June 20- 22 Workshop/Exam <input type="checkbox"/> June 22 EXAM ONLY	<input type="checkbox"/> February 26 - 28 Workshop/Exam <input type="checkbox"/> February 28 EXAM ONLY <input type="checkbox"/> October 15- 17 Workshop/Exam <input type="checkbox"/> October 17 EXAM ONLY	<input type="checkbox"/> April 18-20 Workshop/Exam <input type="checkbox"/> April 20 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.

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.

Description	Qty	Each	Sub-total
CMEC Workshop & FDOT Exam (includes Technician Workbook)	_____	\$ 500.00	\$_____.00
FDOT Exam Only	_____	175.00	\$_____.00
CFIS Technician Workbook (includes \$10 flat rate shipping)	_____	35.00	\$_____.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.: _____ Amount: \$ _____	Credit Card No.: _____ Expiration Date: ____ / ____ CVV: _____ Name on Card: _____ Signature: _____	P. O. #: _____ You must be approved for invoicing. Email accountsreceivable@cme.org , if you are unsure of approval status.

Mail this form with check payable to: CMEC, 2779 Apopka Blvd, Ste 1, Apopka FL 32703 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.cme.org