



ACI Concrete Field Testing Technician 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.
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"/> January 4-6 Workshop/Exam <input type="checkbox"/> January 6 EXAM ONLY <input type="checkbox"/> May 10 - 12 Workshop/Exam <input type="checkbox"/> May 12 EXAM ONLY <input type="checkbox"/> Sept. 27-29 Workshop/Exam <input type="checkbox"/> September 29 EXAM ONLY	<input type="checkbox"/> January 18- 20 Workshop/Exam <input type="checkbox"/> January 20 EXAM ONLY <input type="checkbox"/> July 5 - 7 Workshop/Exam <input type="checkbox"/> July 7 EXAM ONLY <div style="text-align: center; background-color: #cccccc;">WEST PALM BEACH</div> <input type="checkbox"/> May 31- June 2 Workshop/Exam <input type="checkbox"/> June 2 EXAM ONLY <input type="checkbox"/> November 15- 17 Workshop/Exam <input type="checkbox"/> November 17 EXAM ONLY	<input type="checkbox"/> March 1 - 3 Workshop/Exam <input type="checkbox"/> March 3 EXAM ONLY <input type="checkbox"/> April 26-28 Workshop/Exam <input type="checkbox"/> April 28 EXAM ONLY <input type="checkbox"/> July 19 - 21 Workshop/Exam <input type="checkbox"/> July 21 EXAM ONLY <input type="checkbox"/> September 6 - 8 Workshop/Exam <input type="checkbox"/> September 8 EXAM ONLY <input type="checkbox"/> November 29-Dec-1 Workshop/Exam <input type="checkbox"/> December 1 EXAM ONLY	<input type="checkbox"/> February 1-3 Workshop/Exam <input type="checkbox"/> February 3 EXAM ONLY <input type="checkbox"/> August 2-4 Workshop/Exam <input type="checkbox"/> August 4 EXAM ONLY <div style="text-align: center; background-color: #cccccc;">PANAMA CITY</div> <input type="checkbox"/> February 22 - 24 Workshop/Exam <input type="checkbox"/> February 24 EXAM ONLY <input type="checkbox"/> November 1 - 3 Workshop/Exam <input type="checkbox"/> November 3 EXAM ONLY
<div style="text-align: center; background-color: #cccccc;">FORT MYERS</div> <input type="checkbox"/> February 15 - 17 Workshop/Exam <input type="checkbox"/> February 17 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 boxes below to indicate that you understand the statements:

☐ I understand that participation in this program does not guarantee certification or employment if certification is attained. I further understand that employment in specific geographic areas is contingent upon the laws and ordinances of that jurisdiction.

Individuals certified through this program are typically expected to be capable of reading comprehending, and executing procedures requiring strenuous physical activity, and possess a level of fitness required to safely execute the procedures. By marking the appropriate box below, you are asserting that you either possess the physical abilities and fitness level required to participate in the program without accommodation for either permanent or temporary disabilities in accordance with the Americans with Disabilities Act, or have contacted ACI and are in the process of applying for accommodation in accordance to ADA.

- ☐ I request participation without accommodation via ADA
☐ I am in the process of applying for accommodation via ADA

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
Workshop & Exam (includes Technician Workbook CP-1)	_____	\$ 615.00	\$_____.00
Full Exam Only	_____	283.00	\$_____.00
Written Exam Only	_____	275.00	\$_____.00
Performance Exam Only	_____	275.00	\$_____.00
ACI Field Testing Technician Workbook CP-1 (includes \$8 flat rate shipping)	_____	124.00	\$_____.00
TOTAL			\$_____.00

Technician Name: _____ **Driver's License#** _____

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@cmec.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.cmec.org