



PCI Level 2 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. **All registrants must also complete a PCI Individual Certification Application.**

ORLANDO			
<input type="checkbox"/> March 29– 30	Workshop/EXAM	<input type="checkbox"/> August 30– 31	Workshop/EXAM
<input type="checkbox"/> March 30	EXAM ONLY	<input type="checkbox"/> August 31	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.

Level 2 Candidates must have the ACI Concrete Field Testing Technician Grade 1 Certification and must meet one of the following qualifications:

- 18 months of related experience
- BSCE Degree or related field
- Associate Degree in Concrete Technology

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)	_____	\$ 768.00	\$_____.00
Non-Members (price includes workbook and exam)	_____	853.00	\$_____.00
Retest Exams for Members & FDOT	_____	390.00	\$_____.00
Retest Exams for Non-Members	_____	446.00	\$_____.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 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