ACI Adhesive Anchor Installation Inspector
2019 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.)

<table>
<thead>
<tr>
<th>Description</th>
<th>Qty</th>
<th>Each</th>
<th>Sub-total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop &amp; Exam (includes Technician Workbook</td>
<td></td>
<td>$ 650.00</td>
<td>$__, __ __.00</td>
</tr>
<tr>
<td>Full Exam Only</td>
<td></td>
<td>385.00</td>
<td>$__, __ __.00</td>
</tr>
<tr>
<td>Written Exam Retest</td>
<td></td>
<td>210.00</td>
<td>$__, __ __.00</td>
</tr>
<tr>
<td>ACI Adhesive Anchor Installation Inspector</td>
<td></td>
<td>184.66</td>
<td>$__, __ __.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TOTAL</td>
<td>$__, __ __.00</td>
</tr>
</tbody>
</table>

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 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 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
Check No.: __________________________
Amount: $ ____________

Pay by Credit Card
Credit Card No.: ___ ___ / ___ ___ CVV: ___ ___ ___
Expiration Date: ___ ___ / ___ ___
Name on Card: __________________________
Signature: __________________________

Pay by Invoice
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.cmece.org