ACI Masonry Field Testing Technician
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.)

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.
(Fees are subject to change without notice. Fees are non-refundable within 7 days of the workshop or exam.)

<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 CP-45)</td>
<td></td>
<td>$600.00</td>
<td>$___ ___ ___00</td>
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<tr>
<td>Full Exam Only</td>
<td></td>
<td>330.00</td>
<td>$___ ___ ___00</td>
</tr>
<tr>
<td>Written Exam Only</td>
<td></td>
<td>210.00</td>
<td>$___ ___ ___00</td>
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<tr>
<td>Performance Exam Only</td>
<td></td>
<td>270.00</td>
<td>$___ ___ ___00</td>
</tr>
<tr>
<td>Masonry Testing Technician (includes $10 flat rate shipping)</td>
<td></td>
<td>$196.38</td>
<td>$___ ___ ___ ___</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td>$___ ___ ___ ___</td>
</tr>
</tbody>
</table>

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: ___________________________

Pay by Check
Check No.: __________________________
Amount: $ ________.

Pay by Credit Card
Credit Card No.: __________________________
Expiration Date: ___ / ___ CVV: __________
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.cme.org

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