



**ILLINOIS CHAPTER – AMERICAN CONCRETE INSTITUTE  
Concrete Construction Special Inspector  
REGISTRATION FORM**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Exam Date (choose from dates posted on Certification Schedule): \_\_\_\_\_

**General Information:** You can mail, fax, or e-mail your registration form. Your form cannot be processed until full payment is received. If you do not wish to write your credit card information on the registration form, please call the ACI-IL Certification hotline with any questions at 773-775-7558. Registration deadline is 5 business days prior to start of session.

**PAYMENT REQUIRED WITH YOUR REGISTRATION**

**Cancellation Policy:** to receive a full refund (less a 3% CC processing fee & \$25 Cancel Fee), a written cancellation notice must be received 5 business days prior to the session date. Workbooks are not refundable.

<p><b>Return your Registration form and Payment Payable to:</b>  <b><u>Concrete Consulting Engineers</u></b>  <b>Attn: ACI Certification</b>  <b>2215 S. Wolf Rd</b>  <b>P.O. Box 109</b>  <b>Hillside, IL 60162</b>  <b>Phone: 773-775-7558</b>  <b>E-mail: <a href="mailto:RegisterACI-IL@Concretece.com">RegisterACI-IL@Concretece.com</a></b></p>	<p><b><u>ACI – Concrete Construction Special Inspector</u></b>  ACI-Concrete 3 day class                   \$ 995.00  Written Exam Only                           \$ 520.00</p> <p>For Prerequisite Information: <a href="http://www.concrete.org">www.concrete.org</a></p> <p><b><u>Mandatory Workbook CP-21 PAK Not Included:</u></b>  <a href="http://www.concrete.org/bookstorenet/ProductDetail.aspx?ItemID=CP21PACK">http://www.concrete.org/bookstorenet/ProductDetail.aspx?ItemID=CP21PACK</a>  Price: Member \$255   Non Member \$440</p>
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**Payment Information (3% Credit Card Processing Fee Applies)**

Method of Payment      Check      Visa      MasterCard      Discover

Credit Card No. \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Exp. Date: \_\_\_\_\_      V-Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email for Receipt: \_\_\_\_\_      Phone: \_\_\_\_\_

\*We will assess a \$25 service fee for any Returned Checks.