



ILLINOIS CHAPTER – AMERICAN CONCRETE INSTITUTE
Adhesive Anchor Installer, Certification Program
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 ** FEES SUBJECT TO CHANGE ****

Cancellation Policy: to receive a full refund (less a 4% credit card processing fee & \$25 Cancel Fee), a written cancellation notice must be received 5 business days prior to the session start date. Workbooks are not refundable.

Return your Registration form and Payment Payable to: Concrete Consulting Engineer Attn: ACI Certification 3013 S. Wolf Rd P.O. Box 109 Westchester, IL 60154 Phone: 773-775-7558 E-mail: RegisterACI-IL@Concretece.com	ACI Adhesive Anchor Installer (Review & Exams WB Included) Review, Exams, Workbook <input type="checkbox"/> \$735 Written and Performance Exams (Workbook Not Included) Recertification (1 day) <input type="checkbox"/> \$610 Written Retest Exam Only <input type="checkbox"/> \$290 Performance Retest Exam Only <input type="checkbox"/> \$320 Workbook: CP-80 or CP-80S (Spanish) <input type="checkbox"/> \$78* Workbook required in advance and to be reviewed
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* Please send my workbook in advance of class. An additional fee of \$19.95 will be charged for this service.

Address: _____

City: _____ State: _____ Zip Code: _____

Payment Information (4% Credit Card Process 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.

V 01/2026