



**ILLINOIS CHAPTER – AMERICAN CONCRETE INSTITUTE
Aggregate Testing Technician, 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: E-mail your registration form. Your registration form cannot be processed until full payment is received. 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% 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.

Return your Registration form and Payment Payable to: <u>Concrete Consulting Engineers</u> Attn: ACI Certification 3013 S. Wolf Rd P.O. Box 109 Westchester, IL 60154 Phone: 773-775-7558 Nicole E-mail: RegisterACI-IL@Concretece.com	<u>ACI Aggregate Testing Technician (2 Days WB Included)</u> Review, Exams and Workbook <input type="checkbox"/> \$740
	<u>Exams Only (1 Day Workbook not included)</u> Recertification <input type="checkbox"/> \$575 Retest Written Exam Only <input type="checkbox"/> \$265 Retest Performance Exam Only <input type="checkbox"/> \$310 Workbook: CP-44 <input type="checkbox"/> \$75*

* 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 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.