

ILLINOIS CHAPTER – AMERICAN CONCRETE INSTITUTE Strength 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 po	sted on Certification Schedule):	
General Information: You can mail, fax, full payment is received. If you do not wish call the ACI-IL Certification hotline with any prior to start of session.	n to write your credit card information	on on the registration form, please
PAYMENT RE	EQUIRED WITH YOUR REGISTRA	ATION
Cancellation Policy: to receive a full recancellation notice must be received 5 bus		
Return your Registration form an		
Payment Payable to: Concrete Consulting Engineers	Written and Performance Exam	n □ \$660
Attn: ACI Certification	Written and Performance Exa	ams (Workbook not included)
3013 S. Wolf Rd P.O. Box 109	Recertification (1 day)	□ \$495 □ \$233
Westchester, IL 60154	Written Exam Only Performance Exam Only	□ \$230 □ \$270
Phone: 773-775-7558 Nicole E-mail: RegisterACI-IL@Concretece.con	Workbook	□ \$270 □ \$77*
		05 will be a because of families as a size
* Please send my workbook in advance Address:		95 WIII be charged for this service.
City:		
•	on (3% Credit Card Processing F	•
Method of Payment 🗆 (Check □ Visa □ MasterCa	ard □ Discover
Credit Card No.		
	V-Code:	
Email for Receipt:		

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