



**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 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>Return your Registration form and Payment Payable to: Concrete Consulting Engineers Attn: ACI Certification 2215 S. Wolf Rd P.O. Box 109 Hillside, IL 60162 Phone: 773-775-7558 E-mail: RegisterACI-IL@Concretece.com</p>	<p><u>ACI – Strength Testing Technician (2 days Workbook Included)</u> Written and Performance Exam • \$650</p> <p><u>Written and Performance Exams (Workbook not included)</u> Recertification (1 day) • \$485 Written Exam Only • \$220 Performance Exam Only • \$265 Workbook • \$ 75*</p>
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- * Please send my workbook in advance of class. An additional fee of \$ 18.95 will be charged for this service.

Address: _____

City: _____ State: _____ Zip Code: _____

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.