



ACI AGGREGATE TESTING TECHNICIAN LEVEL 2 CERTIFICATION

NAME _____

COMPANY _____

ADDRESS TO SEND CONFIRMATION AND STUDY MATERIAL:

ADDRESS _____

WORK PHONE _____

CITY/STATE/ZIP _____

CELL PHONE _____

EMAIL _____

FAX _____

TERMS AND CONDITIONS - Sessions may be canceled or rescheduled up to 14 days prior to the session start date without incurring any additional charges. Canceling or rescheduling within 13 days of the session start date will result in a \$100 fee. If you do not cancel your registration within the 14-day timeframe and fail to attend your scheduled session, the entire registration fee will be forfeited. Sessions may be changed or cancelled by the Chapter at any time. Session attendance is limited in size; therefore, early registration is encouraged. If you have any questions, please contact Tammy at director@aciintermountain.com or 801-250-3444.

PAYMENT MUST ACCOMPANY THIS FORM TO SECURE A PLACE IN THE SESSION AND TO RECEIVE STUDY MATERIAL

Certification Session

Includes ACI study workbook, review session, lunch on review day and written and practical exams

Cost:

Intermountain Chapter Member	\$425 per registrant
Non-Member	\$525 per registrant
Full-Time Students (12+ hours)	\$265 per registrant (Copy of current student id and course registration must accompany certification registration.)

- May 15-16, 2019
- September 23-24, 2019

Retest

Only for applicants who:

Have taken and passed the written exam within the last year, but did not pass the practical exam
or

Have taken and passed the practical exam within the last year, but did not pass the written exam

Cost: Member & Non-Member \$245 which includes the written or practical exam only

- May 16, 2019
- September 24, 2019

- If you have a disability that may impact your participation in this activity, please check here and append a statement regarding your disability-related needs. Someone will contact you prior to the program to discuss accommodations. We cannot assure the availability of appropriate accommodations without prior notification of need.

Payment:

Amount \$ _____

Check # _____

Credit Card

Card Number _____ Exp. Date _____ CVV Code _____

Name on Card _____

Billing Address on Card _____ City, State ZIP _____

Signature _____

*Please print clearly and complete one registration form per applicant.
Registration forms can be emailed to Tammy at director@aciintermountain.com or mailed to:
P.O. Box 95622, South Jordan, UT 84095*