



# ACI SELF CONSOLIDATING CONCRETE TESTING TECHNICIAN 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](mailto: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	\$400 per registrant
Non-Member	\$500 per registrant
Full-Time Students (12+ hours)	\$240 per registrant (Copy of current student id and course registration must accompany certification registration.)

- January 22-23, 2019 Additional 2019 dates to be added
- May 6-7, 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 \$220 which includes the written or practical exam only

- January 23, 2019 Additional 2019 dates to be added
- May 7, 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](mailto:director@aciintermountain.com) or mailed to:  
P.O. Box 95622, South Jordan, UT 84095*