

SEMINAR REGISTRATION FORM

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| If Registering by FAX: |
| Fax this Form To: (214) 853-5287 |
| If you have any questions: |
| Contact Lynn Runyon at Courtenay Thompson & Associates Email: lynn@ctassoc.com Telephone: (214) 361-8346 |
| Or contact Rich Townsend: Email: rltownsend@caacci.org Telephone: (972) 679-6762 |

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| If paying by check, please mail check along with this form to: |
| Construction Audit & Cost Control Institute 3941 Legacy Dr., Suite 204 #218A Plano, TX 75023 |

| EVENT | Early Registration Fee with (\$100) Discount if registered by 8-27-2010 | Registration Fee if Registered after 8-27-2010 |
|---|---|--|
| Effective Auditing of Construction Activity | \$1,095 | \$1,195 |
| October 5-6, 2010 – Dallas, TX | | |

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| REGISTRANT DETAILS |
| Name: |
| Job Title: |
| Company Name: |
| Email: |
| Office Phone: |
| Cell Phone: |
| Street Address 1: _____ |
| Street Address 2: _____ |
| City: _____ |
| State: _____ |
| Zip Code: _____ |

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| PAYMENT by Credit Card: |
| If paying by Credit Card complete the following: () VISA () MasterCard () AMEX |
| Card Number: |
| Exp. Date: MM ____ DD ____ YY ____ |
| Security Code on Back of Card: _____ |
| Name on Card: |
| Signature: |