

SEMINAR REGISTRATION FORM

If Registering by FAX:

Fax this Form To: (214) 853-5287

If you have any questions:

Contact Marie Jones

Email: marie.jones@rltownsend.com

Telephone: (254) 736-0309

Or contact Rich Townsend:

Email: rltownsend@caacci.org

Telephone: (972) 679-6762

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	\$100 OFF Registration Fee if Registered by 1-5-2018	\$50 OFF Registration Fee if Registered by 2-5-2018	\$25 OFF Registration Fee if Registered by 3-5-2018	Regular Registration Fee if Registered AFTER 3-5-2018
Effective Auditing of Construction Activity	\$1,095.00	\$1,145.00	\$1,170.00	\$1,195.00
April 3-4, 2018				

REGISTRANT DETAILS

Name:

Job Title:

Company Name:

Email:

Office Phone:

Cell Phone:

Street Address 1: _____

Street Address 2: _____

City: _____

State: _____

Zip Code: _____

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: