

## 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@caacci.org](mailto:marie.jones@caacci.org)

Telephone: (254) 736-0309

**Or contact Rich Townsend:**

Email: [rltownsend@caacci.org](mailto: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<br>Registration<br>Fee if<br>Registered by<br>3-31-2020 | \$50 OFF<br>Registration<br>Fee if<br>Registered by<br>4-30-2020 | \$25 OFF<br>Registration<br>Fee if<br>Registered by<br>5-31-2020 | Regular<br>Registration<br>Fee if<br>Registered<br>AFTER<br>5-31-2020 |
|--|---|--|--|---|
| Effective Auditing of Construction<br>Activity | \$1,095.00  | \$1,145.00   | \$1,170.00   | \$1,195.00  |
| July 14-15, 2020                               |   |  |  |   |

### 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: