

## 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 Registration Fee if Registered by 4-17-2017	\$50 OFF Registration Fee if Registered by 5-17-2017	\$25 OFF Registration Fee if Registered by 6-17-2017	Regular Registration Fee if Registered AFTER 6-17-2017
Effective Auditing of Construction Activity	\$1,095.00	\$1,145.00	\$1,170.00	\$1,195.00
July 17-18, 2017				

**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: \_\_\_\_\_