# 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
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 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 6-172017 |
|---|---|---|---|---|
| Construction Fraud: Detection, Prevention & Response | $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: