



## Main Contact Information *(please complete all fields and print clearly)*

First/Last Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Registration Selection

To use the bulk rate form you must be registering at least 20 people. All registrants must be from the same company.

Concrete Surface Repair Technician Grade 1 \_\_\_\_\_ @ \$480 each = \$ \_\_\_\_\_  
 TOTAL

Names, emails, and a contact number are required for each person. Please use the second page of this form to complete this information.

## Payment Information

Amount Enclosed \$ \_\_\_\_\_

The **ICRI** requires full payment for registration fees by check or credit card.  
 All credit card fields are required.

Method of Payment:  Check enclosed, payable to **"ICRI"**  
 VISA  MasterCard  American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Name (print) \_\_\_\_\_ Cardholder Phone \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**MAIL OR FAX THIS COMPLETED FORM + PAYMENT TO:**

**ICRI**

1000 Westgate Drive, Suite 252 | St. Paul, Minnesota 55114 USA  
**FAX: +1 651.290.2266**

**PLEASE DO NOT EMAIL  
FORMS WITH CREDIT CARD INFORMATION.**

### REGISTRATION CANCELLATION / REFUND POLICY

Refunds will be given for courses not begun. Once a course has been started, no refunds will be given. Cancellations must be received in writing no later than 30 days from the date of purchase. After 30 days, no refunds will be given.

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		



## Contact Information

*(please complete all fields and print clearly. Copy this page to include more attendees)*

Four ASTMs provided as electronic downloads to paid registrants within the course (does not apply to reexaminations). ICRI Guideline No. 210.3R also provided for free as electronic download to paid registrants.

### Attendee 1

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 2

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 3

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 4

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 5

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 6

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 7

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 8

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 9

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 10

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 11

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 12

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 13

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 14

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_



## Contact Information

*(please complete all fields and print clearly. Copy this page to include more attendees)*

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### Attendee 15

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 16

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 17

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 18

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 19

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 20

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 21

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 22

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 23

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 24

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 25

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 26

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 27

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Attendee 28

First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_