



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 hard-copy ASTMs provided for free to paid registrants if requested (does not apply to reexaminations) and will be mailed to address provided on registration form (ICRI cannot distribute electronically). ICRI Guideline No. 210.3R also provided for free as electronic download to paid registrants.

Attendee 1

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 2

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 3

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 4

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 5

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 6

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 7

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 8

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 9

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 10

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 11

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 12

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 13

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 14

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs



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: _____ This person needs the ASTMs

Attendee 16

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 17

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 18

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 19

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 20

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 21

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 22

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 23

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 24

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 25

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 26

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 27

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs

Attendee 28

First/Last Name: _____

Email: _____

Phone: _____ This person needs the ASTMs