



Certified Construction Manager Exam Registration Form

Please complete the following information and return this form with your payment to CMCI. If you are paying by credit card, you may fax or email the form. **Please make sure that CMCI receives this form at least 48 hours prior to exam registration date.**

Examinee Contact Information			
Name		Phone Number	
Company			
Address			
Email Address			
Payment Information			
Please make checks payable to CMCI and allow 7 days for processing time. Payment in full must be received by the registration deadline for the selected location noted above.			
<input type="checkbox"/> 1 st exam attempt (\$275)	<input type="checkbox"/> 2 nd exam attempt (\$125)	<input type="checkbox"/> 3 rd exam attempt (\$125)	
<input type="checkbox"/> Cancellation fee (\$125)		<input type="checkbox"/> Reinstatement fee (\$125)	
Payment type	<input type="checkbox"/> Check	<input type="checkbox"/> AMEX	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Name on Card			
Card Number			
Expiration Date		CVC	
Authorized Signature			
If Paying by Credit Card: Billing Address			
Billing City, State, Zip			

E-MAIL, FAX, or MAIL this form and payment information:

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