

APICS CSCP PAPER-AND-PENCIL EXAM REGISTRATION FORM

SPECIAL ADMINISTRATIONS: MARCH 17, JUNE 23, DECEMBER 15, 2012

All information is required. Incomplete or illegible applications will not be processed.

You must have an "authorization to test" notice in order to register.

FIRST NAME

INITIAL LAST NAME

APICS CUSTOMER NUMBER*

DATE OF BIRTH (MM-DD-YY)

COMPANY NAME (ENTER COMPANY NAME ONLY IF YOU ARE PROVIDING YOUR WORK ADDRESS BELOW)

HOME WORK

PREFERRED ADDRESS: Please indicate whether you are providing your work or home address by checking the appropriate box. Note that score reports will be mailed to the address you enter on the form.

ADDRESS

CITY

COUNTRY

POSTAL CODE

DAYTIME TELEPHONE

DAYTIME FAX OF APPLICABLD

EMAIL ADDRESS

Exam Center (City Name)

Location: Beijing

Shanghai

Shenzhen

Exam Version: 2011 2012

Exam Date: March 17

June 23

December 15

**Exam Version 2011 only available
in Mar & Jun CSCP Exam !**

Contact the certification administrator serving your country for local registration deadlines and registration fees. Send the completed form along with your registration fee payment to the APICS international certification administrator for your country.

By signing and submitting this registration form, you accept the policies and agree to abide by the APICS Code of Ethics set forth in the APICS CSCP Registration Bulletin.

Signature: _____ Date: _____

Chinese name (if apply) _____

Chinese Address (if apply) _____

*If you do not know your APICS customer number, contact your certification administrator at least two weeks before the registration deadline.