

First NAME

Last NAME

APICS ID NR

Date Of Birth

Month Day Year

Company Name

Preferred address: Home Work

ADDRESS:

Phone

email

Exam Date
Month Day Year

Ex.cente Milano

Exam CSCP Certified Supply Chain Profession: Afternoon Exam 13:30

Your eligibilty application must be approved by APICS before the registration deadline

For CSCP eligibilty go to: <http://www.apics.org/certification/CSCP/default.htm>

Registering for: (mark one)

- Full: Exam + Learning System + 4 meetings Euro 2800 + IVA
- Self study pack: Learning system + Exam Euro 2000 + IVA
- Preparatory: Learning System only Euro 1400 + IVA
- Exam only Euro 800 + IVA

DATI DI AUTORIZZAZIONE E ADDEBITO

Bill To:

Fatturare:
 Indirizzo:
 CAP-Città-P: ()
 P.IVA:
 C. Fisc:

Pagamento anticipato alla richiesta
 bonifico bancario a AIGI srl
 Banca Intesa
 Dip.2245 - MILANO86-Capecelatro
 COORDINATE BANCARIE
 IBAN:
 IT83T 03069 01686 000000 137133
 BIC/SWIFT:
 BCITIT33145 cto 137133

FIRMA _____ DATA _____

L'iscrizione è personale e non trasferibile.
 Registration is personal and not transferable
 Material FOB our office