

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

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>

For exam registration: EMEA@apics.org

Registering for: (mark one)

Full: Learning System + 5 meetings

Euro 2400 + IVA

Preparatory: Learning System only

Euro 1000 + IVA

Exam only: use APICS EMEA form

US\$ 875 or 975

DATI DI AUTORIZZAZIONE E ADDEBITO

Bill To:

Fatturare:

Indirizzo:

CAP-Città-Pr..... ()

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