

WRITTEN REGISTRATION FORM FOR CPSD™ EXAM TESTING

Membership Status:

ISM Member

Nonmember

ISM Member Number _____

Name _____

Email Address (Confidential exam results are sent to the email address provided.) _____

Home Address _____

City _____ State _____ ZIP Code _____

CPSD™ Exam Sunday, October 22, 2017

- 9:00 am – 9:45 am Check-In**
10:00 am – Noon Test Time
 CPSD Exam 2: Essentials in Supplier
 Diversity

(YOU MUST ARRIVE DURING THE PUBLISHED CHECK-IN PERIOD OR YOU WILL BE CONSIDERED A NO-SHOW.)

Price: US\$159 and will be charged to your card.

Credit Card AmEx VISA MasterCard Diners Club Credit Card Number: _____

CVN# _____ Expiration Date _____

CPSD™ EXAM REGISTRATION INFORMATION

Three Ways to Register

Fax: +1 480/752-2299

Email: mpattee@instituteforsupplymanagement.org

Call: Michelle Pattee
 480.752.6276, X3074

Payment Must Accompany Registration and Be Received by Friday, October 13, 2017

Exam Date
Sunday, October 22, 2017
 Register early. Space is limited.

Exam Fees
US\$159 per exam

Exam Cancellation Policy

NO REFUNDS WILL BE GRANTED (Only medical emergencies will be honored). Medical emergency refund requests (with documented proof) will be accepted through the two-week period after the exam. Exam fees may not be transferred from written exam to computer exam.

Exams will Be held at the Detroit Marriott Renaissance Center, 400 Renaissance Dr, Detroit, MI 48243



I acknowledge the confidential nature of the ISM Examinations (the "Exam") and hereby agree that I will not copy, retain Exam questions or disclose or transmit them in any form to any other person. I certify that I am working toward my professional designation, or I am retaking the exam for Continuing Education credits. I agree that taking the Exam for any other purpose is strictly prohibited. I also acknowledge that the Exam review course instructors are prohibited by ISM from taking exams for the purpose of preparing students to take the Exam and/or for the creation of their course materials. I expressly agree and understand that certification may be denied or revoked, or the Exam scores may be invalidated or withheld by ISM in the event that ISM determines that (A) an individual has (i) falsified or misrepresented information on the registration form or information provided is in error, including documentation of continuing education hours for recertification; (ii) participated in an unauthorized disclosure of Exam questions, information or materials; (iii) plagiarized questions and/or answers on the Exam; (iv) mailed, received, relayed in any fashion, or used copies of the Exam materials, questions, or answers without authorization from ISM; (v) retained the Exam materials after the examination; (vi) engaged in cheating or other misconduct or unprofessional behavior with respect to taking, administering, or preparation for the Exam; or (vii) failed to adhere to the Principles and Standards of Ethical Supply Management Conduct, or (B) (i) there is a testing irregularity with respect to the Exam; (ii) there is a reason to question the Exam score's validity; or (iii) that the Exam score was the result of unusual or questionable circumstances. I agree to abide by the ISM Principles and Standards of Ethical Supply Management Conduct, whether or not I am a member of ISM. I grant ISM permission to make any and all inquiries, which are necessary to evaluate my credentials for certification or recertification/reaccreditation and agree to respond to requests for information related to any of the above. I further authorize ISM to publish (via e-mail, website, or print) information about my certification and to make any and all inquiries, investigations, or other communications, which may be necessary for ISM to grant, deny or revoke certification, or to invalidate or withhold examination scores. I hereby certify that the information submitted on or with this form is true and accurate to the best of my knowledge, and I agree to be bound by the terms and conditions set forth herein and by any and all policies and procedures of ISM applicable to the Professional Credentials Program or the Exam as may be amended from time to time.

Signature _____ Date _____