Chapter Group Testing
Candidate Registration Form

A P I C S C A P I T U L O M O N T E R R E Y
Chapter Name

First Name | Inicial | Last

APICS ID Number | Date of Birth (M D Y) | Social Security Number (Optional)

Company Name

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

Home ☐ Work ☐

Street Address

City | State/Prov. | US/CA/MX | Zip/Postal Code

No. Telephone | No. Fax

E-mail Address

Examen Date (M D Y) | Examen Center (City Name) M O N T E R R E Y

If you to take two exams in one day, please check with the sponsoring Chapter to ensure that you can be accommodated. You must fill out a separate registration form for each exam you plan to take.

CPIM Exams	am	pm
☐ Basics of Supply Chain Management	☐	☐
☐ Master Plannig of Resources	☐	☐
☐ Detailed Scheduling and Planning	☐	☐
☐ Execution and Control of Operations	☐	☐
☐ Strategic Management of Resources	☐	☐

CIRM Exams	am	pm
☐ Enterprise Concept and Fundamentals	☐	☐
☐ Identifying and Creating Demand	☐	☐
☐ Designing Products and Processes	☐	☐
☐ Delivering Products and Services	☐	☐

By signing and submiting this registration form, you accept and agree to abide by the Apics Code of Ethics and the Group Testing Policies and Procedures and Candidate Fact Sheet

Signature: _____ Date _____