

REGISTRATION FORM

(PLEASE PRINT CLEARLY) I am a Member of APICS () APICS # _____ I am not a Member ()

FIRST NAME _____ LAST NAME _____

COMPANY: _____

ADDRESS : _____

TELEPHONE: _____ EMAIL ADDRESS _____

CREDIT CARD NUMBER: _____ EXPIRY DATE: _____

CREDIT CARD TYPE: VISA () MASTERCARD () AMERICAN EXPRESS () DISCOVER ()

NAME OF CARDHOLDER: _____

SIGNATURE OF CARDHOLDER: _____

Registration for Class Request and Payment Authorization

I hereby authorize APICS SCVC to charge my credit card for the amount indicated below for payment in full for the class indicated below.
 I would like to register for the following class(es) from the Santa Clara Valley Chapter of APICS: Should I cancel, there will be a \$25 cancellation fee.
 I understand that my written authorization must be faxed or mailed to the chapter office before the effective start date.

QTY	Santa Clara Valley Chapter Class:	Start Date:	Member	Non-Member
	CSCP(Certification for Supply Chain Professional)		\$ 1,550.00	\$ 1,950.00
	BASICS OF SUPPLY CHAIN MGMT (CPIM)		\$ 550.00	\$ 650.00
	MASTER PLANNING OF RESOURCES (CPIM)		\$ 520.00	\$ 610.00
	DETAILED SCHEDULING AND PLANNING (CPIM)		\$ 520.00	\$ 610.00
	EXECUTION & CONTROL OF OPERATIONS (CPIM)		\$ 520.00	\$ 610.00
	STRATEGIC MGMT OF RESOURCES (CPIM)		\$ 520.00	\$ 610.00
	OTHER: TOUR/SEMINAR/LECTURE/EVENT			

Return completed form to:

APICS Santa Clara Valley Chapter
Fax To: (408) 727-8930
ATTENTION MARIE ROGERS
 E-mail: marie.rogers@apics-west.org
 200 De La Cruz Boulevard, Suite 200
 Santa Clara, CA, 95054
 Phone: (408) 727-1125

