



APICS CPIM COMPUTER - BASED - TESTING REGISTRATION FORM

This application submitted via SCM International Training Center For Professional Qualifications. Please photocopy and complete this form. Send the completed form along with your registration fee payment to admin.scm@gmail.com Monday – Friday 9:00-16:00

REGISTRANT				
Name:	PREFIX	FIRST NAME	LAST NAME	
APICS ID:		If You Don't have APICS ID:		
Date of Birth:		☐ Yes, I want SCM to Registered APICS ID for me☐ No. I will Registered APICS ID myself		
Work Phone:		Home Phone:		
Work E-mail:		Personal E-mail:		
Company name:				
☐ Home ☐ Work PREFERRED ADDRESS: please indicate whether you are providing your work or home address by checking the appropriate box. Note that score reports will be mailed to the address you enter on this form.				
Address:				
SELECT YO	OUR EXAMS			SELECT
Certified Production and Inventory Management (CPIM)				
Certified Supply Chain Professional (CSCP)				
Certified in Logistics, Transportation and Distribution (CLTD)				
RETAKE				
All above price will be subjected to 7% vat surcharge				
Payment Deadline: All Payment should be done 3-5 days before your selected exam date				
FORM SUBMISSION				
Please submit completed application to admin.scm@gmail.com				
Important			Reminder:	
Participant must be the one to schedule and select exam venue.			All ATTs expire 6 months from the date of purchase.	
			After exam participant will have to wait 14 days to retake	
For more information please visit www.scm-education.com/apics-exam-information/				
Signature:		Date of submission:		

^{*} SCM Consultant Co., Ltd. purchased a credit on your behalf – for terms and condition for exam purchase please visit APICS website
*If you do not know your APICS customer number, contact your certification administrator at least two weeks before the registration deadline. To
enjoy APICS membership benefits contact 02-946-9316 or admin.scm@gmail.com