

## APICS CERTIFIED IN PRODUCTION & INVENTORY MANAGEMENT (CPIM)

### Exam Registration Form 2012

*All information must please be provided. We regret that we will not process incomplete or illegible applications.*

**If you do not receive written confirmation of receipt of your registration form do not assume the form has been received.**

**Please follow up with the office by emailing [bev@sapics.org.za](mailto:bev@sapics.org.za)**

<p style="text-align: center;"><b>First Name</b></p> <p>.....</p> <p>NB – this must be as you require it to appear on your certificate and per your identification document</p>	<p style="text-align: center;"><b>Last Name</b></p> <p>.....</p> <p>NB – this must be as you require it to appear on your certificate and per your identification document</p>	
<b>ID Number:</b>	<b>Date of Birth (dd,mm,yy):</b>	
<b>Email Address:</b>	<b>Postal Address:</b> Home <input type="checkbox"/> Work <input type="checkbox"/>	
<b>Cell Number:</b>	<b>Land Line:</b>	
<b>Company Name:</b>	<b>VAT No if Company to Pay:</b>	
<b>I would like to register to write the CPIM Exam as outlined below (registration fees are quoted incl. VAT)</b>		
Basics of Supply Chain Management (BSC) <input type="checkbox"/>	<b>Morning Examination</b>	SAPICS reserves the right to amend the registration fees for exam 10 weeks prior to each administration which may be required due to currency fluctuations
Detailed Scheduling and Planning (DSP) <input type="checkbox"/>		
Execution & Control of Operations (ECO) <input type="checkbox"/>	<b>Afternoon Examination</b>	
Strategic Management of Resources (SMR) <input type="checkbox"/>		
Master Planning of Resources (MPR) <input type="checkbox"/>		
<b>Price per module (please select one morning and/or one afternoon exam)</b>		Member R2052 <input type="checkbox"/> Non-Member R2337 <input type="checkbox"/>
Please tick here only if you are <b>re-writing</b> the examination		Member R1710 <input type="checkbox"/> Non-Member R1824 <input type="checkbox"/>
<b>Exam Date</b>	<b>Registration Deadline</b>	<b>Venue</b>
14 <sup>th</sup> April 2012 <input type="checkbox"/>	24 <sup>th</sup> February 2012	Gauteng (Johannesburg) <input type="checkbox"/>
23 <sup>rd</sup> June 2012 <input type="checkbox"/>	4 <sup>th</sup> May 2012	Cape Town <input type="checkbox"/>
14 <sup>th</sup> July 2012 <input type="checkbox"/>	25 <sup>th</sup> May 2012	Port Alfred <input type="checkbox"/>
15 <sup>th</sup> December 2012 <input type="checkbox"/>	26 <sup>th</sup> October 2012	Durban <input type="checkbox"/>
NB Pencil and Paper exams are available in Johannesburg, Cape Town, Port Alfred and Durban. Inadequate minimum numbers may make it impossible to open exam venues. However ample notice will be provided to all candidates. SAPICS will utilise its best endeavours to ensure exam venues are open where advertised.		
Please provide us with the name of your lecturer and AEP or, if you are self studying, please record this below:		
<b>Name of Lecturer &amp; AEP:</b>		<b>Self Study</b> <input type="checkbox"/>
<ol style="list-style-type: none"> <li>1. You will be sent an invoice on receipt of this form.</li> <li>2. Your registration can only be confirmed on receipt of payment by the payment deadline. Please read your confirmation email carefully for reschedule/cancellation restrictions.</li> <li>3. SAPICS regrets that it is unable to accept responsibility for registrations forms submitted to any third party.</li> </ol>		
<b>By signing and submitting this registration form, you accept the policies and agree to abide by the APICS Code of Ethics set forth in the APICS CPIM Registration Bulletin</b>		
Signed:.....		Date: .....
<b>PAYMENT</b> – Payment may be made by credit card or by electronic transfer. SAPICS will provide you with a tax invoice on receipt of this form which will outline banking details. Please email or fax proof of payment through to <a href="mailto:bev@sapics.org.za">bev@sapics.org.za</a> or 086 575 2979		
If you would like your card to be debited with the exam fees, please complete below:		
Name of Cardholder		
Type of Credit Card	Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>
	American Express <input type="checkbox"/>	Diners <input type="checkbox"/>
Card Number		
Expiry Date	Last 3 digits on reverse of card	
Signature of Cardholder		
<b>All payments will be acknowledged in writing. If you do not receive an acknowledgement please follow up. You may not be registered!! All queries please contact SAPICS at 011 023 6707 or email <a href="mailto:bev@sapics.org.za">bev@sapics.org.za</a></b>		