

CSCP Form

*First Name

*Last Name

*Company

Title

*Business Email

*Personal Email

*Business Address

Business Phone

*How Would You Like To Be Contacted?

*APICS Member?

Member Number?

HIA Member?

LIFT Member?

NAPM/ISM

NAPM/ISM Member Number

*Course Eligibility Requirements (Please Choose One)

Please return this registration form with a check payable to APICS NYC-LI Chapter

Mail To:

CSCP Registration

APICS NYC-LI Chapter

P.O. Box 321

Hicksville, NY 11802

Long Island Registration ___ Brooklyn Registration___

Course Fees:

Members- \$1695

Non- Members-\$1895