



Seminar Registration Form

All Attendees Must Register

Seminar Attending: _____

Date of Seminar: _____

Cost: Full Day: _____ **Half Day:** _____

Seminar Attending: _____

Date of Seminar: _____

Cost: Full Day: _____ **Half Day:** _____

Seminar Attending: _____

Date of Seminar: _____

Cost: Full Day: _____ **Half Day:** _____

Seminar Attending: _____

Date of Seminar: _____

Cost: Full Day: _____ **Half Day:** _____

Four or more attendees from the same organization attending the same seminar will receive a 15% discount on the price of that seminar.

Cancellations/Refunds: Cancellations made 14 calendar days prior to the seminar, full refund; less than 14 calendar days prior to the seminar, no refund.

Certificate: Attendees will receive a certificate at the conclusion of the seminar for as many hours as the seminar runs for CEH (Continuing Education Hours) toward ISM recertification. Note: ISM does not endorse, certify, or sponsor this program or its content.

Confirmation of your registration will be issued upon full payment of the seminar.

Name: _____

Position: _____ **CPSM** **C.P.M** **A.P.P.** _____

Company: _____

Address: _____

City/State/Zip: _____

Work Phone: _____ **Home Phone:** _____

E-mail: _____

Are you a member of CAPM? _____ **Or an ISM Affiliate?** _____

Credit Card # _____ **CSC Code:** _____

Name on Card: _____ **Expiration date:** _____

Please Mail or Fax to:
CAPM Inc.
28 Sunset Hill Drive
Branford, CT 06405
203-488-2456
Fax: 203-488-1891
E-mail: capminc@sbcglobal.net