

REGISTRATION INFORMATION

TO REGISTER

Complete the registration form below and mail with check or fax with credit card information. Registration and full fee must be made in advance. If payment is not received prior confirmations cannot be sent.

Seminars are held from 9:00 am - 4:30 pm approximately. All classes are held at Pfizer Inc. (42nd Street, NYC). Confirmations with logistics for the registered seminar will be sent one week prior.

SPECIAL TEAM DISCOUNT

A 10% discount on Professional Development Courses can be provided to any organization with three or more members attending the same seminar. This does not include certification courses.

CANCELLATION POLICY

ISM-New York reserves the right to cancel any class with less than four registrants and a full refund or credit will be issued. You may transfer to a future session, send someone to take your place or cancel without penalty at any time in writing up to seven days prior to your seminar.

If you provide ISM-New York with less than seven days notice, or fail to attend, you will be liable for the entire seminar fee.

FEES (PRICES)

The fees indicated for each program includes meeting materials, refreshments, and a light lunch.

PROFESSIONAL DEVELOPMENT COURSES

\$350 per seminar, ISM Members
\$400 per seminar, Non-Member
\$700 two-day seminar, ISM Members
\$900 two-day seminar, Non-Member

CERTIFICATION REVIEW CLASSES

The certification Study Guide is a required text for all of the review courses.

Review Course for Exam 1, 2, 3 & CPSD™ (individually)

\$400 per seminar, ISM Members
\$500 per seminar, Non-Member

CLASS PACKAGE - BEST VALUE

Register for All 3 Certification Review Classes
includes certification Study Guide

\$1,000 ISM Members
\$1,200 Non-Member

Complete the form below and send with payment to:
ISM-New York, Inc., P.O. Box 419, Hartsdale, NY 10530 or fax (914) 662-8659 or scan to info@ismnewyork.org

Name _____
Title _____
Organization _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Mobile () _____
E-mail _____

Seminar Title **Date(s)**

1. _____
2. _____
3. _____

Check Appropriate Boxes

☐ ISM-New York Member ☐ Non-Member
☐ APICS Member ☐ Team Discount

**I have read and understand ISM-New York's
Cancellation Policy.** X _____

PAYMENT INFORMATION

ISM-New York Federal ID #13-5329830

Total amount for Registration: \$ _____ Enclosed: ☐ Check
Please charge my: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Send Invoice
Name as it appears on card _____ ☐ PO# _____
Card # _____ Expiration Date: _____
Signature _____