

ISM ID# (if known) _____

Dr. Mr. Ms. Mrs. Miss

Exam Language (Check one only)

Chinese English

First Name/Given Name Middle Name/Initial Last Name/Family Name/Surname

Company Name Job Title

HOME Mailing Address _____

City State/Province Zip Code/Postal Code Country

Phone Number E-mail Address

CPSM Exam 1 – date: _____ Time: _____

CPSM Exam 2 – date: _____ Time: _____

CPSM Exam 3 – date: _____ Time: _____

Bridge Exam* – date: _____ Time: _____

* Only current C.P.M.s may register for the Bridge Exam

* Please attach a copy of the current C.P.M. Certificate with this registration form.

In what city are you testing? _____

Scores are valid for four years from the date taken

Attach Business Card

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