

# 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**