



CBK™ REVIEW SEMINAR REGISTRATION FORM

Use this form to register for the CBK™ Review Seminar.
Please type or print clearly. All pages of this form must be completed. Incomplete forms will be returned.

REGISTRATION INFORMATION

Last Name/Surname: _____ Mr. Ms.

First Name/Given: _____ Middle Initial: _____

Home Address: _____

City: _____ State/Province: _____ Postal Code: _____

Home E-mail: _____

Home Phone: _____ Home Fax: _____

Employer: _____

Title / Position: _____

Industry: _____ (Choose an industry Type from Page 3)

Business Address: _____

City: _____ State/Province: _____ Postal Code: _____

Business Email: _____

Business Phone: _____ Business Fax: _____

SEMINAR PREFERENCE INFORMATION

SEMINAR TYPE (Check one)	<input type="checkbox"/> CISSP	<input type="checkbox"/> SSCP	<input type="checkbox"/> ISSEP
PREFERRED DATE	PREFERRED LOCATION		

SEMINAR FEES (Check the payment being made. All fees are U.S. dollars)

	CISSP	SSCP	ISSEP
Early Registration (Received with payment 16 Days prior to 1st day of Review)	<input type="checkbox"/> \$2,495	<input type="checkbox"/> \$1,495	<input type="checkbox"/> \$995
Standard Registration (Received with payment 15 Days or less before 1st day of Review)	<input type="checkbox"/> \$2,695	<input type="checkbox"/> \$1,595	<input type="checkbox"/> \$1,095
ISSA Member Registration (Received with payment 16 Days prior to 1st day of Review)	<input type="checkbox"/> \$2,245	<input type="checkbox"/> \$1,395	<input type="checkbox"/> \$895
ISSA Chapter: _____	Membership # _____		

METHOD OF PAYMENT

Payment is due at the time of registration. Payment may be made by check, money order drawn on a major U.S. bank or via a major credit card. Please make checks or money orders payable to (ISC)².

Please select the payment method: Check Money Order Credit Card

Please indicate type of credit card: Visa (13 or 16 digits) Mastercard (16 digits) American Express (15 digits)

Please enter your credit card number:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Please enter your credit card expiration date (MM/YY):

CREDIT CARD AUTHORIZATION

I hereby authorize a charge of \$ _____ in U.S. dollars to my credit card indicated above.

Authorized Signature: _____ Date: _____

Please indicate billing address, if different than the applicant address above, on page 3 of this application.

AGREEMENT AND DISCLAIMERS

By registering for a CBK™ Review Seminar, I hereby affirm that I understand, acknowledge and agree to the following:

Registration is accepted "first come – first served" based on receipt of payment in full. (ISC)² reserves the right to cancel any seminar 15 days in advance. In any event, (ISC)²'s liability shall be limited to a refund of fees paid.

This CBK™ Review Seminar registration form will not register me for an examination. Please complete the Examination registration form if you wish to register for an exam. You are encouraged to register on-line at our web site www.isc2.org.

Cancellation or rescheduling requests received in writing with 22 days notice or more will incur a US \$100 fee (Refund = Amount Paid, Less US \$100.) Cancellation or rescheduling requests received in writing between 21 and 5 days prior to the event will be given a credit toward attendance at a subsequent program only (No Refund) and will incur a US \$100 fee.

Cancellations received with less than 5 calendar days notice and "no- shows" will not be given a refund nor credit towards a later program (unless there is a documented medical emergency.)

I understand that the material and contents of the CBK™ Review Seminar are proprietary to (ISC)² and protected by appropriate intellectual property laws. (ISC)² has incurred great expenses to develop, produce, and present the material and content of the CBK™ Review Seminar. The material and contents may not be copied, transferred, exchanged, sold, disclosed, or otherwise disseminated to anyone outside the seminar, and may only be used by me for personal study. Any breach of this Agreement will be grounds for revocation of the certification designation, if awarded, and appropriate legal action.

I have read the (ISC)² Code of Ethics and hereby confirm that I have not violated any of its provisions in the past, and that I will comply with it in the future. All information provided by me in this application is true to the best of my knowledge. (ISC)² may, at its sole discretion, make inquiry of individuals referenced in this application to verify the accuracy and completeness of the information I have provided.

Applicant Signature: _____ Date: _____

Mail this completed registration form to:

**(ISC)² Services
2494 Bayshore Blvd., Suite 201
Dunedin, FL 34698 USA**

You may also fax your registration with credit card payment to: 1.727.738.8522. Faxing your completed registration form and payment will reserve your space. However, you will also need to mail in a hardcopy of your form and payment authorization to ensure your registration is confirmed. For questions, please call (ISC)² Services at: 1.727.738.8657 or 1.727.738.9548, U. S. Eastern Daylight Time, or 1.888.333.4458 (toll-free in North America).

Credit Card Billing Address (if different than the address on Page 1)

Industry Types:

Aerospace	Legal
Agriculture / Forestry	Management Consulting
Banking / Financial / Accounting	Manufacturing
Communications / Networks	Media
Computer Services / Systems	Merchandising
Construction / Engineering / Architectural	Natural Resources
Education	Public Utilities
Fishing	Real Estate
Government & Military	Retail
Federal Government	Self-Employed
State Government	Service
Local Government	Transportation / Shipping
Healthcare / Medical / Pharmaceutical	Wholesale
Hospitality	Other (Please Specify)
Insurance	