

SPSM CERTIFICATION PROGRAM REGISTRATION FORM

Please use a separate registration form for each student.

Three Ways To Register:

1. Call us at (412) 294-1990, to process credit/debit card orders over the phone
2. Complete this form and fax to (412) 294-1992 (credit/debit card orders and purchase orders only)
3. Complete this form and mail to the address above

Company Name: _____ Student Name: _____

Student Phone Number: _____ Student Email Address: _____

Address Where Materials Should Be Sent: _____

You have two enrollment options:

YES!!! Register me for the SPSM Certification Program!!!
The cost is \$1,149 (US) less discounts for classes already completed. Circle the amounts you've paid for the classes you've completed:

YES!!! Register me for the SPSM Certification Program & Enhanced Results Program!!!
The cost is \$1,749 (US) less discounts for classes already completed. Circle the amounts you've paid for the classes you've completed:

<u>Title</u>	<u>Discount</u>
Mastering Purchasing Fundamentals	\$200 or \$209
Microsoft Excel For Purchasing Professionals	\$200 or \$209
Supply Management Contract Writing	\$200 or \$209
Microsoft Project For Purchasing Professionals	\$200 or \$209
14 Purchasing Best Practices	\$200 or \$209
Savings Strategy Development	\$200 or \$209

Discount For All Circled Amounts (Maximum discount = \$700): \$ _____

Total Cost (\$1,149 **OR** \$1,749 – Above Discount): \$ _____

Payment Method (check one):

- Check/International Money Order/Bank Draft/Cheque (Enclose check/money order/bank draft/cheque made payable to Next Level Purchasing, Inc.)
- Purchase Order (Attach purchase order, terms are net 15)
- Credit/debit card (Complete and submit page 2 also)

I hereby submit this application subject to the [Registration Policy](http://www.NextLevelPurchasing.com/policy.html) found at <http://www.NextLevelPurchasing.com/policy.html>.

Signature: _____ Date: _____

CREDIT CARD INFORMATION

Type of card (circle one): Visa MasterCard American Express Discover

Name on card: _____

Card #: _____

Expiration date (mm/yy): __ __ / __ __

Card Security Code (3 or 4 digits on back of card): _____

Address Where Your Credit Card Statement Is Sent (you may leave blank if same as address on page 1)

Signature: _____ Date: _____