



Registration Form

Four Ways to Register

ONLINE: Register online at www.apics.org (credit card payment only).

PHONE: Call APICS Customer Support at (800) 444-APICS (2742) or (703) 354-8851, 8:30 a.m. – 6:30 p.m. ET Monday-Friday.

FAX: Send this form to (703) 354-8635 with your credit card information.

MAIL: Return the completed registration form with payment information to APICS Registration, P.O. Box 75390, Baltimore, MD, 21275.

Registrant Information

APICS or ISM member # _____ SIG Affiliation: CM EPAD LEAN PI REMANSP SM SVC TA

FIRST NAME	MI	LAST NAME	BADGE NAME
JOB TITLE		COMPANY NAME	
ADDRESS			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
BUSINESS PHONE	BUSINESS FAX	E-MAIL	

Check here if you have a disability or require special services. Attach a written description of your needs.

Program Information

Please indicate the date, registration code, title, location, and fee for each program you wish to attend.

Date	Registration Code	Program Title	Location	Registration Fee
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Payment Information

Full payment or purchase order must accompany this form.

Check Payment* Amount \$ _____ Check Number _____ Personal Check Company Check

*Checks must be payable to APICS in U.S. dollars and drawn on a U.S. bank. Be sure to include your APICS membership ID on the check.

Purchase Order (attach) Amount \$ _____ Purchase Order Number (or government equivalent) _____

Credit Card Payment Amount \$ _____ VISA MC Amex Discover

ACCOUNT NO.	EXP. DATE
NAME AS IT APPEARS ON CARD	SIGNATURE

NOTE: Please provide the accounts payable billing address if different from your company address

Payment must be received at APICS 10 days before event or payment will be required on site (cash, check, VISA, MasterCard, Discover, or American Express.)

Membership status must be active to receive member rate; otherwise, the nonmember rate will apply.

Nonmember fee entitles you to a one-year membership in APICS and, if applicable, the SIG sponsoring the program.

Team rates: Available to companies registering two or more staff members from the same company or one person registering for two or more similar events.
(Team forms must be submitted simultaneously.)

APICS USE ONLY

Date _____

Batch # _____

Amount \$ _____

Campaign Code TJD13A