



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/County: _____ Postal Code: _____

Home E-mail: _____

Home Phone: _____ Home Fax: _____

Employer: _____

Title / Position: _____

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

Business Address: _____

City: _____ State/County: _____ Postal Code: _____

Business Email: _____

Business Phone: _____ Business Fax: _____

SEMINAR PREFERENCE INFORMATION

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

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SEMINAR FEES (Check the payment being made. All fees are GBP or EURO)

| | CISSP | SSCP |
|--|---|---|
| Early Registration (Received with payment 16 days prior to 1st day of Review) | <input type="checkbox"/> £1,650 / € 2,595 | <input type="checkbox"/> £1,045 / € 1,495 |
| Standard Registration (Received with payment 15 days or less before 1st day of Review) | <input type="checkbox"/> £1,780 / € 2,785 | <input type="checkbox"/> £1,095 / € 1,595 |
| ISSA Member Registration (Received with payment 16 Days prior to 1st day of Review) | <input type="checkbox"/> £1,485 / € 2,336 | <input type="checkbox"/> £ 995 / € 1,395 |
| ISSA Chapter: _____ | Membership # _____ | |

METHOD OF PAYMENT

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

Please select the payment method: Cheque 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 AUTHORISATION

I hereby authorise a charge of £/EUR _____ to my credit card indicated above.

Authorised 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 £70/€100 fee (Refund = Amount Paid, Less £70/€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 £70/€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 Europe
Golden Cross House, 8. Duncannon Street,
Strand, London, WC2N 4JF, UK

You may also fax your registration with credit card payment to: +442074844989. 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 Europe at +44207 4845591 or +44207 4845590.

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 | |