

SPSM EXAM REGISTRATION FORM

Please use a separate registration form for each student.

Two Ways To Register:

1. Complete this form and mail to the address above
2. Complete this form and fax to (412) 294-1992 (credit/debit card orders and purchase orders only)

Company Name: _____ Student Name: _____

Student Phone Number: _____ Student Email Address: _____

Address Where Materials Should Be Sent: _____

SPSM Exam - \$75 (US)

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 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: _____