



EXAMINATION ENROLMENT FORM

UK MAY 2010 LEVEL 4 PROGRAMME

CLOSING DATE FOR ENTRIES: 26 MARCH 2010

PART 1 - ABOUT YOU

Name: _____ **Membership No:** _____
Address: _____ **Tel:** _____
Mobile: _____
Email: _____

You must complete an enrolment form for each examination session.

PART 2 - YOUR PREFERRED CHOICE OF EXAMINATION CENTRE ENROLMENT

Read the guidance notes carefully about how to complete this section of the form.

All candidates are required to complete both parts of this section if you make a mistake we may need to return your form to you which can delay your enrolment.

I am currently studying at: (Record self study if you are not registered with a centre)

I wish to sit my examination(s) at the following exam centre:

PART 3 - CHOOSE THE SUBJECT(S)

Examination subjects: Please put a cross in the box(es) to indicate the examinations that you wish to be entered for.

- L4-01 Effective Negotiation in Purchasing and Supply
 L4-02 Developing Contracts in Purchasing and Supply
 L4-03 Measuring Purchasing Performance
 L4-04 Managing Purchasing and Supply Relationships
 L4-05 Purchasing Contexts

PART 4 - HOW TO PAY

Examination fees: Please note that your form will not be processed if your payment is not received with this form.

Examination entry fee to reach CIPS by 26 March 2010 £70 (per exam)

I have enclosed a UK sterling cheque (made payable to CIPS) Money on CIPS account Paid by BACS

Payment by MasterCard / Visa / Amex / Maestro

Name of Cardholder

Please debit my card

Issue Number Start date Expiry date

Total number of subjects for May 2010 session @ £70 = £

PART 5 - SIGNATURE AND DATE

The provision of examination service by CIPS contained in this examination enrolment form is subject to the conditions of entry provided in the CIPS Guidance notes for examination entry booklet. They can also be found at www.cips.org/studyandqualify.

By returning this form you acknowledge that you have read, understood and accept those conditions, and which include exclusions and limitations of liability on the part of CIPS.

Please note we will not process your form if this box is not signed.

I agree to the conditions of entry into the CIPS examination(s). Signed Date.....

Please complete this form in full and return to:

CIPS Examinations, PO Box 9186, Adamsway, Mansfield, Nottinghamshire NG18 9DX Tel: +44 (0) 845 880 1188 Fax No: +44 (0) 845 880 1187

