

June 2007 CISM Exam Registration Form

Please use black ink.
Print in block letters or type.
US Federal ID No. 23-7067291

For Office Purposes Only

Order No. _____

To register online, please visit the ISACA web site at www.isaca.org/examreg.

Exam Date: Saturday, 9 June 2007

Date 01 / 15 / 2007

MONTH/DAY/YEAR

MR. MS. MRS. MISS OTHER _____ 1. ISACA Membership# P E N D I N G Indicate "PENDING" if you are applying for membership at this time.

2. Name T A R O Y A M A D A
FIRST MIDDLE LAST/FAMILY

3. T A R O Y A M A D A
IF JOINING AS AN ISACA MEMBER, PLEASE PRINT YOUR NAME AS YOU WANT IT TO APPEAR ON YOUR MEMBERSHIP CERTIFICATE.

4. Certifications you currently hold: CPA _____ CIA CA _____ CISSP _____ Other (specify, excluding CISA) _____

5. Residence address 1 2 3 Y A M A N O T E , N A K A K U
Y O K O H A M A K A N A G A W A J A P A N 2 3 4 - 5 6 7 8
CITY STATE/PROVINCE/COUNTRY POSTAL CODE/ZIP

6. Residence phone 8 1 - 4 5 - 1 2 3 - 4 5 6 7 Residence fax 8 1 - 4 5 - 1 2 3 - 5 6 7 8
AREA/COUNTRY CODE AND NUMBER AREA/COUNTRY CODE AND NUMBER

7. Business name Y A M A D A - S H O J I

8. Business address 1 - 1 - 1 O T E M A C H I , C H I Y O D A K U
T O K Y O 1 2 3 - 4 5 6 7
CITY STREET POSTAL CODE/ZIP

9. Business phone 8 1 - 3 - 1 2 3 4 - 5 6 7 8 Business fax 8 1 - 3 - 2 3 4 5 - 6 7 8 9
AREA/COUNTRY CODE AND NUMBER AREA/COUNTRY CODE AND NUMBER

10. E-mail T Y A M A D A @ A A A . C O . J P 11. Send mail to Home Business

12. Date of birth 0 3 / 2 3 / 7 5 13. Field of employment 8 14. Educational level 4 15. Work exp 5 16. Professional activity 8
MO DAY YR

17. Size of organization 5 18. Size of IS/IT audit staff 3
19. Size of information security staff 3 20. Level of purchasing authority 2

21. Exam language preference:
 English Japanese Spanish

22. Exam center code 7 9 0 3 Exam center location name T O K Y O

23. How did you hear about the exam? 1 Indicate conference sponsor, magazine name or explain other _____

24. Authorization to release contact information to the local ISACA chapter (Y or N) Y
(This is not applicable to ISACA members, individuals joining at this time or exam passers granted provisional membership.)

25. Do you wish to be notified of your pass/fail status and score via e-mail? (Y or N) Y (Be sure you have included your e-mail address above.)
This is your only opportunity to receive your results via e-mail. Please be advised that your results letter sent by post is your official score result.

26. Is CISM certification required for your current position or promotion? (Y or N) Y

I hereby apply to the Information Systems Audit and Control Association for exam by the association in the form of the Certified Information Security Manager (CISM) exam **and/or** for membership in the association. By registering to take the CISM exam, I certify that I have read and agree to the conditions set forth in the Bulletin of Information covering administration of the CISM exam; certification rules, policies and procedures; and the release of my test results; and I agree to disqualification from the CISM exam and/or nullification of any exam score in the event that any statement or information provided by me to the association is false or fails to include a material fact, or in the event that I violate any of the rules, policies or procedures governing the exam. By applying for membership in the association, I certify that I will abide by the association's *Code of Professional Ethics*.

I hereby agree to hold the association, its officers, directors, examiners, members, employees and agents harmless from any complaint, claim or damage arising out of (1) any action or failure to act by me on behalf of the association, and (2) any action or omission in connection with my registration to take the CISM exam, any exam given by the association, and any grade relating thereto **and/or** my application for membership. I understand that the final decision as to whether I pass the CISM exam **and/or** am accepted as a member of the association rests solely with the association. I further understand that ISACA may inform the local ISACA chapter and other appropriate parties of my having passed the exam. Notwithstanding the above, I understand and agree that any action arising out of or pertaining to this application or the CISM exam must be brought in the Circuit Court of Cook County, Illinois, USA, and shall be governed by the laws of the State of Illinois, USA. I HAVE READ AND UNDERSTAND THESE STATEMENTS AND INTEND TO BE LEGALLY BOUND BY THEM.

27. Signature: ここに英文で署名する Date: 01 / 15 / 2007

(For your registration to be complete, you must sign on the line above.)

COMPLETE THE FEE REMITTANCE SCHEDULE AND METHOD OF PAYMENT ON REVERSE SIDE

NAME: _____

(Please use black ink and print in block letters or type.)

Fee Remittance Schedule

1. June 2007 CISM Certification Exam Fee

Register Online (SAVE US \$50, www.isaca.org/examreg)

Registration paid in full on or before 14 February 2007

Registration paid in full on or before 11 April 2007

(included in the fee is a copy of the *Candidate's Guide to the CISM Exam*)

NOTE: Sales tax and shipping charges do not apply to exam fees.

STUDY AIDS: (See page 3 for product descriptions.)

ENGLISH

2. *CISM Review Manual 2007 (CM-7)* (available December 2006)
3. *CISM Review Questions, Answers & Explanations Manual 2007 (CQA-7)* (300 questions—available November 2006)
4. *CISM Review Questions, Answers & Explanations Manual 2007 Supplement (CQA-7ES)* (100 questions—available November 2006)
5. *CISM Practice Question Database v7* (400 Questions, Answers and Explanations Database—available December 2006)

CD-ROM version (MDB-7)

Web download version (MDB-7W) [No shipping charges apply]

NON-ENGLISH (See www.isaca.org/nonenglishbooks for product descriptions.)

6. *CISM Review Manual 2007*
 - JAPANESE (CM-7J) (available April 2007)
 - SPANISH (CM-7S) (available January 2007)
7. *CISM Review Questions, Answers & Explanations Manual 2007*
 - JAPANESE (CQA-7J) (300 questions—available March 2007)
 - SPANISH (CQA-7S) (300 questions—available January 2007)
8. *CISM Review Questions, Answers & Explanations Manual 2007 Supplement*
 - JAPANESE (CQA-7JS) (100 questions—available March 2007)
 - SPANISH (CQA-7SS) (100 questions—available January 2007)

ALL STUDY AIDS MUST BE PAID IN FULL PRIOR TO SHIPMENT
ALL STUDY AID SALES ARE FINAL. NO REFUNDS OR EXCHANGES
PAYMENTS SHOULD BE MADE DIRECTLY TO ISACA.

Shipping & Handling Rates for Study Aid Orders

For standard delivery times and air courier options,

please visit www.isaca.org/shipping

Amount of Line A	Outside USA & Canada		Within USA & Canada	
	US\$	15% of Line A	US\$	10% of Line A
Up to US\$30.00	\$ 7.00		\$ 4.00	
US\$30.01 - \$50.00	\$ 12.00		\$ 6.00	
US\$50.01 - \$80.00	\$ 17.00		\$ 8.00	
US\$80.01 - \$150.00	\$ 22.00		\$ 10.00	
Over US\$150.00		15% of Line A		10% of Line A

If registering at the exam member rate beginning on 1 January 2007, 2007 membership (new or renewed) must be paid in full by 31 May 2007. If not, nonmember fees will be added to the candidates exam registration and applicable exam study material. Any remaining balance must be paid in full before candidates are permitted to sit for the exam and before results will be released.

Refund and Deferral Policy—Refund: Candidates unable to take the exam are eligible for a refund of registration fees, less a US\$100 processing fee, if such a request is received in writing on or before 20 April 2007. All requests after that date will be denied. **Deferral:** Candidates unable to take the exam can request a deferral of their registration fees to the next exam date. Deferral requests received on or before 2 May 2007 will be charged a \$50 processing fee. From 3 May 2007 through 1 June 2007, a processing fee of \$100 will be charged. Deferral requests will not be accepted after 1 June 2007. To request a deferral, please go to www.isaca.org/examdef. THE EXAM AND DEFERRAL FEES ARE NONREFUNDABLE. NO REFUNDS OR EXCHANGES WILL BE GIVEN FOR STUDY AIDS, ASSOCIATED TAXES, SHIPPING AND HANDLING CHARGES, OR MEMBERSHIP FEES.

YES! I wish to become an ISACA member NOW... and realize the benefits immediately.

Membership in ISACA is not required, but just look at the benefits—See page 7 for details.

Local chapter membership is required unless you live and work more than 50 miles/80km beyond the territory of a local chapter.

Chapter number 8 9 (see page 12)

Payment Calculation

Association dues

Chapter dues (see page 12)

New member processing fee

US \$ 120
 US \$ 80
 US \$ 30

Total Membership Fees (F) US \$ 2 3 0

I do not wish to be included on a mailing list other than for ISACA mailings.

Method of Payment

Please note: Your registration is not complete unless you have signed page 1 of the registration form.

CISM Exam Fee and Study Aid Total (E) \$ 5 1 7

ISACA Membership Fee Total (if applicable) (F) \$ 2 3 0

Total Remitted (E + F) US \$ 7 4 7

Check payable to ISACA in US dollars, drawn on a US bank

Bank Transfer (see below) Date of transfer (mm/dd/yy) _____

MasterCard VISA American Express Diners Club

All payments by credit card will be processed in US\$

Account number 1 2 3 4 - 1 2 3 4 - 1 2 3 4 - 1 2 3 4 - 1 2 3 4

Print Name of Cardholder T A R O Y A M A D A

Expiration Date 1 2 / 0 8 MONTH/YEAR

Signature カードの署名

MONTH/YEAR

Cardholder billing address (if different than address provided on previous page):

Bank transfer information:

LaSalle National Bank, Chicago, Illinois USA

ABA No. 071000505 SWIFT Code: LASLUS44

ISACA a/c 22-7157-8

(INDICATE CANDIDATE'S NAME IN TRANSFER INFORMATION)

Mail to: ISACA • 1055 Paysphere Circle • Chicago, IL 60674 USA

Air Courier: ISACA • 3701 Algonquin Road • Suite 1010

Rolling Meadows, IL 60008 USA

Fax to: +1.847.253.1443

Study Aid Subtotal A \$ 1 3 5

Illinois, USA residents add 8.75% sales tax OR

Texas, USA residents add 6.25% sales tax B \$ _____

Please add the shipping & handling charges

per chart based on total from line A —

Exclude web downloads C \$ 2 2

Study Aid Total (A+B+C) D \$ 1 5 7

Exam Fee and Study Aid Total (1+D) E \$ 5 1 7