

JUNE 2012 CISA EXAM REGISTRATION FORM

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

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

Order No. _____

Exam Date: Saturday, 9 June 2012

Date _____
MONTH/DAY/YEAR

1. ISACA Membership# _____ Indicate "pending" if you are applying for membership at this time.

MR. MS. MRS. MISS OTHER _____

2. Name _____
FIRST MIDDLE INITIAL LAST/FAMILY

Please Note: The Name above will appear on your exam admission ticket and MUST MATCH your government-issued identification which is presented on exam day during the check-in process. If the Name does not match your government-issued ID, you will not be permitted to sit for the exam.

3. _____
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 CISM, CGEIT, CRISC) _____

5. Residence address _____
STREET
CITY STATE/PROVINCE/COUNTRY POSTAL CODE/ZIP

6. Residence phone _____ Residence fax _____
AREA/COUNTRY CODE AND NUMBER AREA/COUNTRY CODE AND NUMBER

7. Business name _____

8. Business address _____
STREET
CITY STATE/PROVINCE/COUNTRY POSTAL CODE/ZIP

9. Business phone _____ Business fax _____
AREA/COUNTRY CODE AND NUMBER AREA/COUNTRY CODE AND NUMBER

10. E-mail _____ 11. Send mail to Home Business

12. Year of birth _____ 13. Field of employment _____ 14. Educational level _____ 15. Work exp _____ 16. Professional activity _____

17. Size of organization _____ 18. Size of IT audit staff _____
19. Size of information security staff _____ 20. Level of purchasing authority _____

21. Exam language preference:
 Chinese Mandarin Traditional Chinese Mandarin Simplified Dutch English French German
 Hebrew Italian Japanese Korean Spanish

22. Exam center code _____ Exam center location name _____

23. How did you hear about the exam? _____

24. Do you authorize the release of contact information to the local ISACA chapter? (Y or N) _____
(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) _____ (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 CISA certification required for your current position or promotion? (Y or N) _____

I hereby apply to ISACA to register for the Certified Information Systems Auditor® (CISA®) exam **and/or** for membership in the association. By registering to take the CISA exam, I certify that I have read and agree to the conditions set forth in the Bulletin of Information covering administration of the CISA exam; certification rules, policies and procedures; and the release of my test results; and I agree to disqualification from the CISA 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 understand that ISACA and others will rely on this application and on the documents and information submitted, and that if any signature or information is falsified, altered or tampered with, ISACA may take such action as it deems appropriate, including rejecting my application for certification and/or barring me from future examinations or from participation in ISACA membership. If my CISA application for certification is not approved, I understand that I am able to appeal the decision by contacting certification@isaca.org. I understand that all certificates are owned by ISACA and if my CISA certificate is granted and then revoked, I will destroy the CISA certificate.

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 CISA 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 CISA 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 CISA 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.

Your contact information will be used to fulfill your request, and may also be used by ISACA to send you information about related ISACA goods and services, and other information in which we believe you may be interested. By signing below, you authorize ISACA to contact you at the address and numbers you have provided, including to provide you with marketing and promotional communications. You further represent that the information you provided is yours and is accurate. To learn more about how we use the information you have provided on this form, please read our Privacy Policy, available at www.isaca.org. If you are already an ISACA member, and/or if you elect to attend one of our events or purchase other ISACA programs or services, information you submit may also be used as described to you at that time.

I HAVE READ AND UNDERSTAND THESE STATEMENTS AND INTEND TO BE LEGALLY BOUND BY THEM.

27. Signature: _____ Date: _____

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

NAME: _____

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

CISA Fee Remittance Schedule

June 2012 CISA Certification Exam Fee

- Mailed/faxed registration paid in full on or before 8 February 2012
- Mailed/faxed registration paid in full on or before 4 April 2012
- (Paid registration will include a copy of the *Candidate's Guide to the CISA Exam and Certification*)

NOTE: Pricing reflects paper-based registration (faxed/mailed). Register online at www.isaca.org/examreg and save US \$50. Sales tax and shipping charges do not apply to exam fees.

STUDY AIDS: (See page 7 for product descriptions.)

- ENGLISH**
- CISA Review Manual 2012 (CRM-12)*
- CISA Review Questions, Answers & Explanations Manual 2011 (QAE-11)* (900 questions)
- CISA Review Questions, Answers & Explanations Manual 2011 Supplement (QAE-11ES)* (100 questions)
- CISA Review Questions, Answers & Explanations Manual 2012 Supplement (QAE-12ES)* (100 questions)
- CISA Practice Question Database V12
 - CD-ROM version—(CDB-12)
 - Download version—(CDB-12W) [No shipping charges apply.]

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

- CISA Review Manual 2012*
 - Indicate language by checking the box below:
 - CHINESE SIMPLIFIED (CRM-12C) FRENCH (CRM-12F) ITALIAN (CRM-12I) JAPANESE (CRM-12J) SPANISH (CRM-12S)
- CISA Review Questions, Answers & Explanations Manual 2011*
 - 900 questions—Indicate language by checking the box below:
 - CHINESE SIMPLIFIED (QAE-11C) GERMAN (QAE-11G) ITALIAN (QAE-11I)
 - JAPANESE (QAE-11J) SPANISH (QAE-11S)
 - CISA Review Questions, Answers & Explanations Manual 2011 Supplement*
 - 100 questions—Indicate language by checking the box below:
 - CHINESE SIMPLIFIED (QAE-11CS) FRENCH (QAE-11FS) ITALIAN (QAE-11IS)
 - CISA Review Questions, Answers & Explanations Manual 2012 Supplement*
 - 100 questions—Indicate language by checking the box below:
 - CHINESE SIMPLIFIED (QAE-12CS) FRENCH (QAE-12FS) ITALIAN (QAE-12IS)
 - CISA Practice Question Database V12*
 - 1,100 questions, answers and explanations database—indicate version below:
 - CD-ROM version—Spanish Edition (CDB-12S)
 - Download version—Spanish Edition (CDB-12SW) [No shipping charges apply.]

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

Shipping and Handling Rates for Study Aids Orders

For standard delivery times, please visit www.isaca.org/shipping. All international orders are shipped via Federal Express International Priority.

Amount of Line A	Outside USA	Within USA
Up to US \$30.00	\$ 10.00	\$ 5.00
US \$30.01 - \$50.00	\$ 15.00	\$ 7.00
US \$50.01 - \$80.00	\$ 20.00	\$ 8.00
US \$80.01 - \$150.00	\$ 26.00	\$ 10.00
Over US \$150.00	17% of Line A	10% of Line A

Purchaser is responsible for paying the duties/taxes/VAT charges levied by his/her country.

ISACA member Non-ISACA member

US \$ 445 US \$ 595
US \$ 495 US \$ 645

US \$ 105 US \$ 135
US \$ 100 US \$ 130

US \$ 40 US \$ 60
US \$ 40 US \$ 60

US \$ 185 US \$ 225
US \$ 185 US \$ 225

US \$ 105 US \$ 135
US \$ 100 US \$ 130

US \$ 40 US \$ 60
US \$ 40 US \$ 60

US \$ 185 US \$ 225
US \$ 185 US \$ 225

Study Aids Subtotal

A \$ _____
B \$ _____

Sales Tax: Add sales tax if shipping to:

- Louisiana (LA)—4%
- Wisconsin (WI)—5%
- Florida (FL), Minnesota (MN), Pennsylvania (PA), South Carolina (SC), Texas (TX), Washington (WA)—6%
- New Jersey (NJ), Tennessee (TN)—7%
- California (CA)—7%
- Illinois (IL)—9%

Please add the shipping & handling charges per chart based on total from **Line A**—Exclude web downloads.

C \$ _____
D \$ _____
E \$ _____

Study Aids Total (A+B+C)

Exam Fee and Study Aids Total (1+D)

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

ISACA membership offers savings and many benefits! See page 15 for details.

Membership in the association requires you to belong to a chapter when you live or work within 50 miles/80km of a chapter territory.

Chapter number _____ (see page 14)

Payment Calculation

Association dues _____ US \$ _____
Chapter dues (visit www.isaca.org/chapdues) _____ US \$ _____
New member processing fee _____ US \$ _____

Total Membership Fees (F) US \$ _____

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.

CISA Exam Fee and Study Aids Total (E) \$ _____

ISACA Membership Fee Total (if applicable) (F) \$ _____

Total Remitted (E+F) US \$ _____

- Check (cheque) 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 dollars.

Credit card number _____

Name of cardholder _____

Expiration date _____

MONTH/YEAR

Signature _____

Bank transfer information:

Bank of America
ABA No. 0260-0959-3 SWIFT Code: BOFAUS3N
ISACA Account No. 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

If registering at the exam member rate, membership dues must be paid in full. If not, nonmember fees will be added to the candidate's exam registration and applicable exam study material. Full payment must be received before admission tickets are issued and candidates are permitted to sit for the exam. Pricing accurate at the time of printing, subject to change without notice. All deadlines are based upon Chicago, Illinois, USA, 5 P.M. Central Time (UTC/GMT-06:00 Chicago, Illinois, USA). If you are purchasing membership and/or study aids along with the exam, payments will be applied in the following sequence: membership, study aids and then the exam.

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 13 April 2012. All requests after that date will be denied. **Deferrals:** 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 24 May 2012 will be charged a \$50 processing fee. From 21 April 2012 through 24 May 2012, a processing fee of \$100 will be charged. Deferral requests will not be accepted after 24 May 2012. Requests received after 24 May 2012 and candidates who do not appear at their designated exam site by the required time will not be able to receive exam deferrals or refunds of the exam fees. To request a deferral, please go to www.isaca.org/examdeferr. The exam and deferral fees are nonrefundable. **PRICES, SHIPPING AND HANDLING AND TAX ARE SUBJECT TO CHANGE WITHOUT NOTICE. NO REFUNDS OR EXCHANGES WILL BE GIVEN FOR STUDY AIDS, ASSOCIATED TAXES, SHIPPING AND HANDLING CHARGES, OR MEMBERSHIP FEES.** All deadlines are based upon Chicago, Illinois, USA, 5 p.m. CT (Central Time).