2015 CISA®
EXAM REGISTRATION FORM
DEPARTMENT OF DEFENSE (DOD)

Early Registration: 19 August 2015
Final Registration: 23 October 2015
Exam Date: 12 December 2015
INSTRUCTIONS FOR COMPLETING THE CISA DoD EXAM REGISTRATION FORM

To register: Complete DoD registration form. Return to exam@isaca.org.

To avoid any delay or the possibility of the registration being canceled, it is extremely important that the registration form be completed in English carefully and correctly. Please print in block letters and black ink.

1. MEMBERSHIP ID—If you are currently a member of ISACA, please enter your member number on the line provided. Although membership in ISACA is not required to take the exam, you may wish to consider a membership at this time and begin to enjoy the cost savings and many other benefits available to you. If you are joining as an ISACA member now, please write “pending” on the line provided for your ISACA membership ID.

2. NAME—Please indicate the appropriate salutation. Your name should be entered as follows: First Name, Middle Initial, Last or Family Name. To prevent delays on the exam date, please use your legal name as it appears on your government-issued ID.

3. If you require ADA special testing accommodations, please see page 7 of the Exam Candidate Information guide at www.isaca.org/examguide for further information.

4. CERTIFICATIONS YOU CURRENTLY HOLD—List the certifications you currently hold.

5. RESIDENCE ADDRESS—Enter your home address. Please make sure that your street address, home city, state or province, country, and postal code are recorded in the proper fields.

6. RESIDENCE PHONE AND FAX NUMBERS—Enter your residence telephone and fax numbers, including all applicable area codes, country codes and international dialing codes.

7. BUSINESS NAME—Enter the name of your business.

8. BUSINESS ADDRESS—Enter your business address. Please make sure that your company’s street address, city, state or province, country, and postal code are recorded in the proper fields.

9. BUSINESS PHONE AND FAX NUMBERS—Enter your business telephone and fax numbers, including all applicable area codes, country codes and international dialing codes.

10. EMAIL ADDRESS—Enter your complete email address. Notification of registration, an admission ticket, pass/fail results and score will be distributed via email to all candidates who provide a valid email address.

11. SEND MAIL TO—Check (tick) the appropriate box where all CISA exam correspondence and results are to be mailed.

12. YEAR OF BIRTH

13. FIELD OF EMPLOYMENT—Indicate your current field of employment:

1. Financial/Banking
2. Insurance
3. Public Accounting
4. Transportation
5. Aerospace
6. Retail and Wholesale/Distribution
7. Government/Military
8. Technology Services/Consulting
9. Petroleum/Agriculture
10. Telecommunications/Communications
11. Mining/Construction/Manufacturing/Engineering
12. Utilities
13. Legal/Law/Real Estate
14. Health Care/Medical
15. Pharmaceutical
16. Advertising/Marketing/Media
17. Education/Student
99. Other

14. EDUCATIONAL LEVEL—Indicate degree or the number of equivalent years of university-level education:

1. Doctorate
2. Master’s
3. Bachelor’s
4. Professional Certificate
5. Associate’s
6. General Education
7. High School/Secondary
8. Ged
9. None
99. Other

15. WORK EXPERIENCE—Indicate the number of years of information systems audit, control, assurance and security work experience:

1. No experience
2. 1–3 years
3. 4–6 years
4. 7–9 years
5. 10–12 years
6. 13 or more years

16. CURRENT PROFESSIONAL ACTIVITY—Please select the best match if your exact title is not listed:

1. CEO, President, Owner, General/Executive Manager
2. CAE, General Auditor, Partner, Audit Head/VP/EVP
3. CSO/CISO, Security Executive/VP/EVP
4. CIO/CTO, Info Systems/Technology Executive/VP/EVP
5. CIO, Controller, Treasurer, Finance Executive/VP/EVP
6. Chief Compliance/Risk/Privacy Officer, VP/EVP
7. IT Audit Director/Manager/Consultant
8. Security Director/Manager/Consultant
9. IT Director/Manager/Consultant
10. Compliance/Risk/Privacy Director/Manager/Consultant
11. IT Senior Auditor (External/Internal)
12. IT Auditor (External/Internal Staff)
13. Non-IT Auditor (External/Internal)
14. Security Staff
15. IT Staff
16. IT/IS Compliance/Risk/Control Staff
17. Professor/Teacher
99. Other

17. SIZE OF COMPLETE ORGANIZATION—Indicate the size of your organization (number of employees) at your primary place of business:

1. Fewer than 50 employees
2. 50–149 employees
3. 150–499 employees
4. 500–1,499 employees
5. 1,500–4,999 employees
6. 5,000–9,999 employees
7. 10,000–14,999 employees
8. 15,000 or more employees

18. SIZE OF IT Audit Staff—Indicate the size of your IT audit staff (local office):

1. 0 individuals
2. 1 individual
3. 2–5 individuals
4. 6–10 individuals
5. 11–25 individuals
6. More than 25 individuals

19. SIZE OF INFORMATION SECURITY STAFF—Indicate the size of your information security staff (local office):

1. 0 individuals
2. 1 individual
3. 2–5 individuals
4. 6–10 individuals
5. 11–25 individuals
6. More than 25 individuals

20. YOUR LEVEL OF PURCHASING AUTHORITY—Indicate your level of purchasing authority:

1. Recommend products/services
2. Approve purchases
3. Recommend and approve purchases

21. EXAM LANGUAGE PREFERENCE—Indicate the language version of the exam you desire. English will be assigned if no preference is indicated.

22. EXAM CENTER CODE—Select the city most convenient for you from the test center list and enter its name and corresponding number. Your admission ticket will show the specific location to which you should report. See page 5 for exam center locations or www.isaca.org/examlocations.

23. HOW DID YOU HEAR ABOUT THE EXAM?—Select how you heard about the CISA exam:

1. ISACA international mailing
2. Chapter mailing
3. Event
4. Magazine
5. ISACA International Headquarters web site
6. Chapter web site
7. Supervisor
8. Colleague (co-worker)
9. Colleague (non co-worker)
10. Social Media Site
11. Other

24. AUTHORIZATION TO RELEASE CONTACT INFORMATION TO THE LOCAL ISACA CHAPTER—Enter Y for yes or N for no to indicate whether you authorize release of your name and address information to a local ISACA chapter for the purpose of promoting chapter-sponsored activities, including study courses. (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 by email?—Enter Y for yes or N for no.

NOTE: Your pass/fail result will be sent to the email address provided in your online constituent profile. Please verify it is current and update if required.

26. IS CISA CERTIFICATION REQUIRED FOR YOUR CURRENT POSITION OR FOR PROMOTION?—Enter Y for yes or N for no.

27. SIGNATURE—Be sure to sign your form. Failure to do so will result in ineligibility to sit for the exam.
Exam Date: Saturday, 12 September 2015

1a. ISACA Membership# __________ Indicate "pending" if you are applying for membership at this time.  1b. DoD Voucher # __________________________

☐ Mr.  ☐ Ms.  ☐ Mrs.  ☐ Miss  ☐ Other [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.

2. Name ____________________________

FIRST MIDDLE INITIAL LAST/FAMILY

Please Note: If you require ADA special testing accommodations, please see page 7 of the Exam Candidate Information guide at www.isaca.org/examguide for information on how to request and the submission deadline for the special accommodations.

3. Certifications you currently hold: CPA __________ CA __________ CISA __________ 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

11. Send mail to ☐Home  ☐Business

12. Year of birth ____________________________

18. Size of IT audit staff __________

19. Size of organization _______

20. Level of purchasing authority __________

21. Exam language preference: ☐ Chinese Mandarin Simplified ☐ English ☐ Japanese ☐ French ☐ Spanish ☐ Turkish

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) __________

25. Do you wish to be notified of your pass/fail status and score via email? (Y or N) __________ (Be sure you have included your email address above.)

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

27. Signature: ______________________________________________________________________________ Date:__________________________

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

COMPLETE THE FEE REMITTANCE SCHEDULE AND METHOD OF PAYMENT ON PAGE 4.
NAME: ____________________________________________________________________________________________

Membership—YES! I wish to become an ISACA member NOW…. for details.

ISACA membership offers savings and many benefits! See www.isaca.org/benefits 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. See www.isaca.org/chapdues.

CISA Fee Remittance Schedule

<table>
<thead>
<tr>
<th>Membership</th>
<th>NOW…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>50</td>
</tr>
<tr>
<td>No</td>
<td>50</td>
</tr>
</tbody>
</table>

**CISA Registration Form Continued—page 2**

NAME: ____________________________________________________________________________________________

Membership—YES! I wish to become an ISACA member NOW…. for details.

ISACA membership offers savings and many benefits! See www.isaca.org/benefits 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. See www.isaca.org/chapdues.

1. December 2015 CISA Certification Exam Fee
   Mailed/faxed registration paid in full on or before 19 August 2015 US $ 515
   Mailed/faxed registration paid in full on or before 23 October 2015 US $ 565

   **NOTE:** Pricing reflects paper-based registration (taxed/mailed). Register online at www.isaca.org/examreg and save US $75.
   
   **Sales tax and shipping charges do not apply to exam fees.**

   **STUDY AIDS:**
   (See page www.isaca.org/cisabooks for product information.)

   **ENGLISH**
   2. CISA Review Manual 2015 (CRM-15) 1,100 questions—Indicate language by checking the box below:
      - CHINESE SIMPLIFIED (CRM-15C) 1,100 questions
      - FRENCH (CRM-15F) 1,100 questions
      - ITALIAN (CRM-15I) 1,100 questions
      - SPANISH (CRM-15S) 1,100 questions
      - US $ 105
      - US $ 115
      - US $ 120

      - Italian (DAE-15I) 100 questions
      - Spanish (DAE-15S) 100 questions
      - US $ 40
      - US $ 50
      - US $ 60

      - Italian (DAE-15SSI) 200 questions, answers and explanations database
      - Spanish (DAE-15SSS) 200 questions, answers and explanations database
      - US $ 185
      - US $ 205
      - US $ 225

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

   7. CISA Review Manual 2015
      - Indicate language by checking the box below:

      - 1,000 questions—Indicate language by checking the box below:

      - 100 questions—Indicate language by checking the box below:

   10. CISA Review Questions, Answers & Explanations Database v5, CD-ROM (CDB-15) 1,200 questions, answers and explanations database—Spanish

   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.

   **Method of Payment**

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

   **Payment Calculation**

   **Association dues**
   - US $ ______
   - US $ ______
   - US $ 30

   **Chapter dues** (visit www.isaca.org/chapdues)
   - US $ ______
   - US $ ______

   **New member processing fee**
   - US $ ______
   - US $ ______

   **Total Membership Fees** (F) US $ ______

   **Exam Fee and Study Aids Total** (E) US $ ______

   **Study Aids Subtotal** (A+B+C) US $ ______

   **Duties/Taxes/NAT Charges:**
   - Orders for delivery outside the US are subject to customs brokerage fees, import duties, and taxes, after the shipment reaches the destination country.

   All international orders are shipped via Federal Express International Priority.

   **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

   - US $30.00
   - Up to US $30.00
   - US $50.01 - $80.00
   - US $80.01 - $150.00
   - Over US $150.00

   **Duties/Taxes/NAT Charges:**
   - Orders for delivery outside the US are subject to customs brokerage fees, import duties, and taxes, after the shipment reaches the destination country.

   All products are declared as "Education Material" which is intended to eliminate or reduce the duties/taxes/NAT charged.

   - Additional charges are the responsibility of the recipient. We have no control over these government imposed charges and cannot determine what they may be.
   - Please contact your local customs office for information.

   - We do not mark merchandise values below value or mark items as "gifts". US and international government regulations prohibit such behavior.

   - Duties/taxes paid will not be refunded on returns for refund.

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 PM 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.
Unless otherwise noted, the CISA exam will take place on 12 December 2015.
CISA Exam 2015—Important Date Information

Exam Date—12 December 2015
Early registration deadline: 19 August 2015

Final registration deadline: 23 October 2015

Exam registration changes: Between 24 October and 30 October, a US $50 fee, with no changes accepted after 30 October 2015

Refunds: By 23 October 2015, including a US $100 processing fee, with no refunds after that date.

Deferrals: Requests received on or before 23 October 2015, charged a US $50 processing fee. Requests received from 24 October through 27 November 2015, charged a US $100 processing fee. After 27 November 2015, no deferrals will be permitted.

All deadlines are based on Chicago, Illinois, USA 5 P.M. Central Time (UTC/GMT-06:00 Chicago, Illinois, USA).