2015 CISM®
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 CISM 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 home street address, 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 CISM exam correspondence and results are to be mailed.

12. YEAR OF BIRTH

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

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

15. WORK EXPERIENCE—Indicate the number of years of information security management work experience:

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

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

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

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

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

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 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.

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.

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

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

Name ____________________________

FRST INITIAL 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 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.

4. Certifications you currently hold: CPA_______ CIA_______ CA_______ CISSP_______ Other (specify, excluding CISA, CGEIT, CRISC) _______________________________

5. Residence address ________________________________________________________________

STREET

AREA/COUNTRY CODE AND NUMBER

CITY STATE/PROVINCE/COUNTRY POSTAL CODE/ZIP

6. Residence phone _____________________________________________ Residence fax __________________________________________________________________

AREA/COUNTRY CODE AND NUMBER

STREET

AREA/COUNTRY CODE AND NUMBER

CITY STATE/PROVINCE/COUNTRY POSTAL CODE/ZIP

7. Business name __________________________________________________________________________________________________________________________

8. Business address __________________________________________________________________________________________________________________________

STREET

AREA/COUNTRY CODE AND NUMBER

CITY STATE/PROVINCE/COUNTRY POSTAL CODE/ZIP

9. Business phone _____________________________________________ Business fax __________________________________________________________________

AREA/COUNTRY CODE AND NUMBER

STREET

AREA/COUNTRY CODE AND NUMBER

CITY STATE/PROVINCE/COUNTRY POSTAL CODE/ZIP

10. Email ______________________________________________________________ Date:__________________________

11. Send mail to ☐ Home ☐ Business


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: ☐ English ☐ 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 email? (Y or N) __________ (Be sure you have included your email address above.)

This is your only opportunity to receive your results via email. 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) __________

I hereby apply to ISACA to register for 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 ISACA Exam Candidate Information Guide 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 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 CISM 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 CISM certificate is granted and then revoked, I will destroy the CISM certificate. Appeals undertaken by a certification exam taker, certification applicant or by a certified individual are undertaken at the discretion and cost of the exam taker, applicant or individual.

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 on my 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 understand and agree that the ISACA exam (which includes all aspects of the exam, including, without limitation, the test questions, answers, examples and other information presented or contained in the exam) belongs to ISACA and constitutes ISACA’s confidential information (collectively, “Confidential Information”). I agree to maintain the confidentiality of all of ISACA’s Confidential Information at all times and understand that any failure to maintain the confidentiality of ISACA’s Confidential Information may result in disciplinary action against me by ISACA or other adverse consequences, including, without limitation, nullification of my exam, loss of my credentials, and/or litigation. Specifically, I understand that I may not, for example, discuss, publish or share any exam question(s), my answers to any question(s) or the exam’s format with anyone in any forum or media (i.e., via e-mail, Facebook, LinkedIn or any other form of social media).

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.

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.
### CISM Fee Remittance Schedule

<table>
<thead>
<tr>
<th>Item</th>
<th>ISACA member</th>
<th>DoD 8570 member</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. December 2015 CISM Certification Exam Fee</td>
<td>US $ 515</td>
<td>US $ 490</td>
</tr>
<tr>
<td>Mailed/faxed registration paid in full on or before 19 August 2015</td>
<td>US $ 565</td>
<td>US $ 490</td>
</tr>
<tr>
<td>Mailed/faxed registration paid in full on or before 23 October 2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### STUDY AIDS:

<table>
<thead>
<tr>
<th>Item</th>
<th>ISACA member</th>
<th>DoD 8570 member</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. CISM Review Questions, Answers &amp; Explanations Database - 12 month subscription (MXXCM15-12M) (1,015 questions)</td>
<td>US $ 185</td>
<td>US $ 205</td>
</tr>
</tbody>
</table>

### Payment Method

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

<table>
<thead>
<tr>
<th>Item</th>
<th>ISACA member</th>
<th>DoD 8570 member</th>
</tr>
</thead>
<tbody>
<tr>
<td>CISM Exam Fee and Study Aids Total (E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISACA Membership Fee Total (if applicable) (F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Remitted (E+F)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **CISM Exam Fee and Study Aids Total (E)**
- **ISACA Membership Fee Total (if applicable) (F)**
- **Total Remitted (E+F)**

**Payment Calculation**

- **Association dues**
- **Chapter dues (visit www.isaca.org/chapdues)**
- **New member processing fee**

**Method of Payment**

- **Credit card number _______________________________________________________
- **Expiration date _______________________________________________________
- **Name of cardholder __________________________________________________________
- **Signature ______________________________________________________________

**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.

<table>
<thead>
<tr>
<th>Amount of Line A</th>
<th>Outside USA</th>
<th>Within USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to US $30.00</td>
<td>$ 10.00</td>
<td>$ 5.00</td>
</tr>
<tr>
<td>US $30.01 - $50.00</td>
<td>$ 15.00</td>
<td>$ 7.00</td>
</tr>
<tr>
<td>US $50.01 - $80.00</td>
<td>$ 20.00</td>
<td>$ 8.00</td>
</tr>
<tr>
<td>US $80.01 - $150.00</td>
<td>$ 26.00</td>
<td>$ 10.00</td>
</tr>
<tr>
<td>Over US $150.00</td>
<td>17% of Line A</td>
<td>10% of Line A</td>
</tr>
</tbody>
</table>

**Duties/Taxes/VAT 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/VAT 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.

**Duties/Taxes/VAT 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/VAT 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 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.**
Unless otherwise noted, the CISM exam will take place on 12 December 2015.

ARGENTINA
6151 Buenos Aires

AUSTRALIA
6201 Adelaide
6202 Brisbane
6203 Canberra
6204 Melbourne
6205 Perth
6206 Sydney

AUSTRIA
6226 Vienna

BAHRAIN
6251 Manama

BANGLADESH
6275 Dhaka

BELGIUM
6301 Antwerp
6302 Brussels

BERMUDA
6451 Hamilton

BOLIVIA
6520 La Paz

BOTSWANA
6475 Gaborone

BRAZIL
6505 Brasilia
6501 Rio de Janeiro
6502 Sao Paulo
6501 Rio de Janeiro
6505 Brasilia

BULGARIA
6550 Sofia

CAMEROON
6760 Douala

CANADA
6601 Calgary
6602 Edmonton
6603 Montreal
6604 Ottawa
6605 Quebec City
6606 Toronto
6607 Vancouver
6608 Victoria
6609 Winnipeg
6611 Regina
6612 Moncton, NB

CHILE
6651 Santiago

CHINA
6620 Beijing
6635 Guangzhou
6640 Nanjing
6650 Shanghai
6660 Shenzhen City

COLOMBIA
6702 Bogota
6710 Cali City
6725 Medellin

COSTA RICA
6725 Medellin
6702 Bogota

CRETE
6780 Chania

CUBA
7050 Havana

DENMARK
6901 Copenhagen

DOMINICAN REPUBLIC
6915 Santo Domingo

DUCHESSE
6850 Brussels

ECUADOR
7001 Quito

EGYPT
7300 Cairo

EL SALVADOR
7401 San Salvador

ENGLAND
6900 London

Estonia
7025 Tallinn

FINLAND
7101 Helsinki

FRANCE
7201 Paris

GERMANY
7301 Dusseldorf
7302 New Frankfurt
7325 Berlin
7326 Munich
7327 Hamburg
7328 Heidelberg

GHANA
7450 Accra

GREECE
7381 Athens

GUATEMALA
7385 Guatemala City

HONDURAS
7425 Tegucigalpa

HONG KONG
7401 Hong Kong

HUNGARY
7351 Budapest

INDIA
7501 Chennai
7502 Mumbai
7503 New Delhi
7504 Kolkata
7505 Bangalore
7506 Hyderabad
7507 Comborate
7508 Pune
7509 Cochin
7510 Ahmedabad
7513 Jaipur
7514 Aurangabad
7516 Navl Mumbai
7517 Vijaywada
7519 Kolhapur

INDONESIA
7601 Jakarta

IRELAND
9605 Dublin
9608 Belfast

ISRAEL
7701 Tel Aviv
(13 December 2015)

ITALY
7801 Milan
7802 Rome
7803 Venice

JAMAICA
7850 Kingston

JAPAN
7901 Nagoya
7902 Osaka
7903 Tokyo
7904 Fukuoka

JORDAN
8001 Amman

KAZAKHSTAN
8075 Almaty

KENYA
8050 Nairobi

KUWAIT
8101 Al Kuwait

LATVIA
8151 Riga

LEBANON
9001 Beirut

LITHUANIA
9025 Vilinus

LUXEMBOURG
8171 Luxembourg

MACAU
8220 Macao

MALAYSIA
8201 Kuala Lumpur

MALAWI
8206 Blantyre

MALTA
8225 Valletta

MAURITIUS
8250 Port Louis

MEXICO
8303 Mexico City
8304 Monterrey
8306 Guadalajara

MOROCCO
8375 Casablanca

NEPAL
6425 Kathmandu

NETHERLANDS
6402 Heerlen
6401 Utrecht

NEW ZEALAND
8501 Auckland
8502 Wellington

NIGERIA
8551 Lagos
8552 Port Harcourt
8553 Abuja Center
8554 Ilorin

NORWAY
8601 Oslo

OMAN
8651 Muscat

PAKISTAN
8675 Karachi
8680 Lahore
8660 Islamabad

PAKISTAN
8651 Muscat

PERU
8804 Lima

PHILIPPINES
8701 Manila City

PORTUGAL
8730 Lisbon

PUERTO RICO
3201 San Juan

QATAR
8751 Doha

ROMANIA
8775 Bucharest

RUSSIA
9950 Moscow

SAUDI ARABIA
8801 Riyadh
8803 Jeddah
(17 December 2015)

SCOTLAND
9604 Edinburgh

SINGAPORE
8901 Singapore

SLOVAK REPUBLIC
8975 Bratislava

SLOVENIA
9151 Ljubljana

SOUTH AFRICA
8901 Seoul
9005 Daegu

SPAIN
9101 Madrid
9102 Barcelona
9103 Valencia
9104 Logrono

SRI LANKA
9151 Colombo

SWEDEN
9201 Stockholm

SWITZERLAND
9301 Zurich

TAIWAN
9351 Taipei

TANZANIA
9375 Dar Es Salaam

THAILAND
9401 Bangkok

TUNISIA
9425 Tunis

TURKEY
9449 Ankara
9450 Istanbul

UGANDA
9475 Kampala

UKRAINE
9480 Kiev

UNITED ARAB EMIRATES
9501 Dubai
9502 Abu Dhabi

URUGUAY
9651 Montevideo

VENEZUELA
9701 Caracas

VIETNAM
9727 Ho Chi Minh City

WEST INDIES
9751 Trinidad
9752 Barbados

ZAMBIA
9850 Lusaka

ZIMBABWE
9901 Harare

UNITED STATES
ALABAMA
0101 Birmingham
0102 Huntsville

ALASKA
0150 Anchorage

ARIZONA
0201 Phoenix

ARKANSAS
0301 Little Rock
0305 Bentonville

CALIFORNIA
0401 Los Angeles
0402 Sacramento
0403 San Diego
0404 San Francisco
0405 San Jose
0406 Santa Ana

COLORADO
0501 Denver

CONNECTICUT
0601 Hartford

DISTRICT OF COLUMBIA
0701 Washington, DC

FLORIDA
0801 Jacksonville
0802 Miami
0803 Orlando
0804 Tampa
0805 Tallahassee

GEORGIA
0901 Atlanta

HAWAII
1001 Honolulu

IDAHO
1101 Boise

ILLINOIS
1200 Bloomington
1201 Chicago
1202 Springfield

INDIANA
1301 Indianapolis
1401 Des Moines
1425 Davenport

KANSAS
1501 Kansas City

KENTUCKY
1601 Louisville

LOUISIANA
1701 Baton Rouge
1702 New Orleans

MARYLAND
1801 Baltimore

MASSACHUSETTS
1901 Boston

MICHIGAN
2001 Detroit
2002 Grand Rapids

MINNESOTA
2101 Minneapolis

MISSOURI
2201 St Louis

NEBRASKA
2301 Omaha

NEVADA
4000 Las Vegas

NEW JERSEY
2401 Newark
2402 Woodbridge

NEW MEXICO
2501 Albuquerque

NEW YORK
2601 Albany
2602 Buffalo
2603 New York City
2604 Syracuse

NORTH CAROLINA
2701 Charlotte
2702 Raleigh
2703 Winston-Salem

OHIO
2801 Cincinnati
2802 Cleveland
2803 Columbus
2804 Bowling Green

OKLAHOMA
2901 Oklahoma City
2902 Tulsa

OREGON
3001 Portland

PENNSYLVANIA
3101 Harrisburg
3102 Philadelphia
3103 Pittsburgh
3104 Allentown

RHODE ISLAND
3600 Providence

SOUTH CAROLINA
3301 Columbia

TENNESSEE
3401 Memphis
3402 Nashville
3403 Knoxville

TEXAS
3501 Austin
3502 Dallas
3503 Houston
3504 San Antonio

UTAH
3601 Salt Lake City

VIRGINIA
3701 Richmond
3702 Roanoke

WASHINGTON
3801 Seattle
3802 Olympia

WISCONSIN
3901 Milwaukee

WISCONSIN
3901 Milwaukee
CISM 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).