2015 CISM®

EXAM REGISTRATION FORM
DEPARTMENT OF DEFENSE (DOD)

Early Registration: 17 June 2015
Final Registration: 24 July 2015
Exam Date: 12 September 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 are joining as an ISACA member at this time, please write your name as you want it to appear on your membership certificate.

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 how you heard about the CISM exam:

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 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 ☐ MRS ☐ DR ☐ MISS ☐ OTHER

2. Name __________________________________________________________________________

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 ___________ CA ___________ CISSP ___________ Other (specify, excluding CISA, CISM, CGEIT, CRISC) ___________

5. Residence address ________________________________________________________________

6. Residence phone ___________ Residence fax ___________

7. Business name __________________________________________________________________

8. Business address __________________________________________________________________________

9. Business phone ___________ Business fax ___________

10. Email ___________

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 notification 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 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 impose 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, incurring, without limitation, notification 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 review 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.

COMPLETE THE FEE REMITTANCE SCHEDULE AND METHOD OF PAYMENT ON PAGE 4.
CISM Fee Remittance Schedule

<table>
<thead>
<tr>
<th>1. September 2015 CISM Certification Exam Fee</th>
<th>ISACA member</th>
<th>DoD 8570 member</th>
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<tr>
<td>Mailed/faxed registration paid in full on or before 17 June 2015</td>
<td>US $ 515</td>
<td>US $ 490</td>
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<tr>
<td>Mailed/faxed registration paid in full on or before 24 July 2015</td>
<td>US $ 565</td>
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**NOTE:** Pricing reflects paper-based registration (faxed/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/cismbooks for product information.)

<table>
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<th>2. CISM Review Manual 2015 (CM-15)</th>
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<th>DoD 8570 member</th>
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<th>4. CISM Review Questions, Answers &amp; Explanations Manual 2014 Supplement (CQA-14ES)</th>
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<th>5. CISM Review Questions, Answers &amp; Explanations Manual 2015 Supplement (CQA-15ES)</th>
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<tr>
<th>6. CISM Review Questions, Answers &amp; Explanation Database V15, CD-ROM</th>
<th>ISACA member</th>
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<tr>
<th>7. CISM Review Questions, Answers &amp; Explanation Database - 12 month subscription (MXDM15-12M)</th>
<th>ISACA member</th>
<th>DoD 8570 member</th>
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**NON-ENGLISH** (See www.isaca.org/nonenglishbooks for product descriptions.)

<table>
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<tr>
<th>8. CISM Review Manual 2015</th>
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**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**

<table>
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<tr>
<th>Line A</th>
<th>Outside USA</th>
<th>Within USA</th>
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<tr>
<td>Up to US $30.00</td>
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<td>US $30.01 - $50.00</td>
<td>$ 15.00</td>
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<td>US $50.01 - $100.00</td>
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<tr>
<td>US $100.01 - $150.00</td>
<td>$ 25.00</td>
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<tr>
<td>Over US $150.00</td>
<td>$ 17% of</td>
<td>$ 10% of</td>
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**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 described 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.

**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 Aids Total (E) | $________ |
| ISACA Membership Fee Total (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  Discover
- All payments by credit card will be processed in US dollars.

**Credit card number** _______________________________________________________

**Expiration date** ____________ MONTH/YEAR

**Signature** ________________________________

**Bank transfer information:**

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<th>Bank transfer information:</th>
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<tr>
<td>ABA No. 0260-0959-3 SWIFT Code</td>
<td>BOFAUS3N</td>
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<tr>
<td>ISACA Account No. 22-7157-8</td>
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**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
## EXAM CENTER LOCATIONS FOR 12 SEPTEMBER 2015 EXAM

### AUSTRALIA
- 6206 Sydney

### CANADA
- 6606 Toronto
- 6620 Beijing
- 6650 Shanghai
- 6680 Shenzhen City

### CHINA
- 6702 Bogota

### ENGLAND
- 9601 London
- 9602 Manchester

### FRANCE
- 7201 Paris

### GERMANY
- 7302 Frankfurt
- 7450 Accra
- 7401 Kowloon

### INDIA
- 7501 Chennai
- 7502 Mumbai
- 7503 New Delhi
- 7505 Bangalore
- 7506 Hyderabad

### INDONESIA
- 7601 Jakarta

### HUNGARY
- 7351 Budapest

### JAPAN
- 7903 Tokyo

### KENYA
- 8050 Nairobi

### MALAYSIA
- 8201 Kuala Lumpur

### MEXICO
- 8303 Mexico City

### NETHERLANDS
- 6401 Utrecht

### NIGERIA
- 8551 Lagos
- 8553 Abuja Center

### PAKISTAN
- 8675 Karachi

### PHILIPPINES
- 8726 Manila

### RUSSIA
- 9950 Moscow

### SINGAPORE
- 8901 Singapore

### SOUTH AFRICA
- 6101 Johannesburg

### SOUTH KOREA
- 9001 Seoul
- 9101 Madrid

### SWITZERLAND
- 9301 Zurich

### UNITED STATES
- 0401 Los Angeles
- 0405 San Jose
- 0501 Denver
- 0701 Washington, DC
- 0804 Tampa
- 0901 Atlanta
- 1201 Chicago
- 1801 Baltimore
- 1901 Boston
- 2603 New York City
- 3102 Philadelphia
- 3502 Dallas
- 3503 Houston
- 3701 Richmond
- 3801 Seattle

### DISTRICT OF COLUMBIA
- 0701 Washington, DC

### FLORIDA
- 0804 Tampa

### GEORGIA
- 0901 Atlanta

### ILLINOIS
- 1201 Chicago

### MARYLAND
- 1801 Baltimore

### MASSACHUSETTS
- 1901 Boston

### NEW YORK
- 2603 New York City

### PENNSYLVANIA
- 3102 Philadelphia

### TEXAS
- 3502 Dallas
- 3503 Houston

### VIRGINIA
- 3701 Richmond

### WASHINGTON
- 3801 Seattle

### UNITED STATES
- 0401 Los Angeles
- 0405 San Jose
- 0501 Denver

### UNITED STATES
- 0701 Washington, DC

### UNITED STATES
- 0804 Tampa

### UNITED STATES
- 0901 Atlanta

### UNITED STATES
- 1201 Chicago

### UNITED STATES
- 1801 Baltimore

### UNITED STATES
- 1901 Boston

### UNITED STATES
- 2603 New York City

### UNITED STATES
- 3102 Philadelphia

### UNITED STATES
- 3502 Dallas

### UNITED STATES
- 3503 Houston

### UNITED STATES
- 3701 Richmond

### UNITED STATES
- 3801 Seattle

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## CISM Exam 2015—Important Date Information

### Exam Date—12 September 2015

Early registration deadline: 17 June 2015

Final registration deadline: 24 July 2015

Exam registration changes: Between 25 July and 3 August, a US $50 fee, with no changes accepted after 3 August 2015

Refunds: By 24 July 2015, including a US $100 processing fee, with no refunds after that date.

Deferrals: Requests received on or before 10 August 2015, charged a US $50 processing fee. Requests received from 11 August through 28 August 2015, charged a US $100 processing fee. After 28 August 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).