

NOTE: SCAN YOUR SIGNED AND COMPLETED REGISTRATION FORM AND SEND ALONG WITH YOUR MOST RECENT CV/RESUME & 2 PASSPORT SIZED PICTURES TO: certification@evmi.com

	Step 1: Student Information	Please complete all fields:		
1	Please select & mark with X. SEX: Male Female	Mr. Ms. Mrs. Dr. Prof.		
2	*Date of Birth:			
	DAY/MONTH/YEAR			
3	Your name is exactly what will appear on your certification *First Name:			
4	Your name is exactly what will appear on your certification *Middle Name:			
5	Your name is exactly what will appear on your certification *Last Name:			
6	* Title/Position:			
7	*Organization:			
8	*Mailing Address:			
9	*City:			
10	*State:	*Zip Code:		
11	*Country (If Outside the USA):			
12	*Work Telephone Number (include country code if outside USA)			
13	*Permanent Telephone Number			
14	*WORK EMAIL ADDRESS			
15	*PERMANENT EMAIL ADDRESS (Needed in case you change jobs. Example: abc@gmail.com, 123@yahoo.com)			
16	*What is your highest level of education?			
17	Have You Included Your Current Resume/CV and 2			
40	Passport sized Pictures (Front face) As Required?			
18	*Was the <u>www.evmi.com/ccam</u> website useful?			
19	*How did you hear about the CCAM® certification program? OR Please Provide full name of who you were referred by:			

Ph: 1.855.400.3864 (toll free) www.evmi.com/ccam Email: certification@evmi.com MAILING: Earned Value Management Institute, P.O BOX 1624 FRISCO TEXAS 75034 USA



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Step 2: Course Informat	tion				
•	tions, visit: www.evmi.com/ccam and view under the Registration,				
	es section. If onsite, please include your location and full address				
Course name:	CCAM Certified Control Account Manager ™ Credential Certification Program (3 DAYS)				
Date:	5 , ,				
*Location (Address): (Select Location where class will be conducted)					
Step 3: Payment Information					
Please complete your payment information below. Note that EVMI® must receive full payment for course(s) registered 30 Days before the Start Of Class. An email confirmation will be sent to you upon receipt of full payment including further instructions. You must pay in full before start of class. Please there are no exceptions.					
PLEASE CHECK PAYMENT METHOD:					
CREDIT CARD VIA ONLINE SECURED PAYMENT GATEWAY					
HOW TO MAKE BANK PAYMENT BY ELECTRON TRANSFER IS ONLY FOR THOSE SENDI	IENTS: ADDITIONAL INSTRUCTIONS WILL BE PROVIDED IN FINAL INVOICE REGARDING IC BANK WIRE TRANSFER IF THAT IS YOUR PAYMENT OPTION. BANK WIRE ING 100 OR MORE PARTICIPANTS. UPON RECEIPT OF FULL PAYMENT, YOUR EMAILED ELECTRONICALLY TO ALL REGISTERED PARTICIPANTS WHOSE FULL ON FORMS HAVE BEEN RECEIVED.				
COST: Price of 1 (One) CCAM® PAR	RTICIPANT = \$4,999.00				
Number of Registrant(s)	_ x \$4,999.00 = TOTAL=				
Please note: All online/onsite/client Site Training In USA/Canada Requires a minimum of 20 registered participants					

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Step 4: Select Your Industry

INDUSTRY	Yes/No	INDUSTRY	Yes/No
Aerospace & Defense		High Speed Rail & Railroads	
Agriculture		Hospitality & Tourism	
Airlines & Aviation		Housing & Real Estate	
Architecture		Industrial Machinery	
Banking		Information Technology	
Beverages		Information Security/Cyber Security	
Bio-Technology		Insurance	
Chemicals		Manufacturing	
Computer Hardware		Management Consulting	
Computer Networks & Communications		Materials	
Computer Software & Applications		Medical Products	
Consumer Goods & Services		Metals, Mining & Drilling	
Education Management		Oil & Gas	
Electronics & Electrical Equipment		Pharmaceuticals	
Energy & Nuclear Power Environmental Services		Pipelines	
		Printing & Publishing Retail	
Farm Machinery Film, Motion Picture & Entertainment		Science & Life Sciences	
Financial Services & Securities		Shipping & Ship Building	
Food Products & Services		Space & Space Technology	
Forestry		Specialty Retailers	
General Merchandising		Sports & Sporting Goods	
Government		Telecommunications & Media	
Healthcare		Transportation & Logistics	
Heavy Construction		Utilities	

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Step 5: Briefly Describe Your Current And Last Two Projects That You Worked On In Your Industry (Include Duration)			
CURRENT PROJECT 1:	FROM	_TO	
PROJECT 2:	FROM	_TO	
PROJECT 3:	FROM	TO	

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CREDIT CARD PAYMENTS POLICY VIA SECURED PAYMENT GATEWAY: EVMi® accepts the following major credit cards for payment via **SHOPIFY PAYMENT GATEWAY:** VISA, Master Card, Amex and Discover. All credit card payments are processed online via SHOPIFY. EVMi® will send you an invoice with payment instructions and payment link which is located at: www.evmi.com/ccam

IDENTIFICATION FORMS REQUIRED: 2 official forms of **PICTURE** identification are required for the **CCAM® program** and must be presented before the start of class. Online participants must submit a notarized statement of proof of identity using the **EVMI Affidavit** of Identity Form http://www.evmi.com/wp-content/uploads/2018/06/EVMI Affidavit of Identity Form-3.pdf Accepted forms of identifications can include Military ID; Official country issued passport; Voters registration card; State issued ID; State issued Driver's License. Your identification must be current and you will not be allowed to sit for the class or exam if your identification has expired. All online participants must have their identification verified and submitted by a public authorized notary. PASSPORT SIZED PICTURES: All ONLINE participants must scan and send two (2 x 2) passport sized pictures in .jpeg format of your full front face taken not more than 30 days and must be included with your application.

<u>AIRLINE TICKETS & HOTELING</u>: Don't make non-refundable airline reservations/hotel arrangements for public site training unless you have received a confirmation e-mail that the class will be held.

EVMI®'s CANCELLATION POLICY: Substitutions or registration sharing are not permitted. If you cancel your registration more than two weeks prior to the course start date, your full tuition will be refunded less processing fee of **\$250.00.** If you cancel less than two weeks prior to the course, you will be responsible for the full tuition and receive a transfer voucher. If you fail to attend the course without advanced notification, you will be responsible for full tuition.

EVMI®'s INTELLECTUAL PROPERTY POLICY: By registering for the **CCAM® Certified Control Account Manager® program** you FULLY acknowledge that ALL of EVMI® Earned Value Management Institute®'s training materials are protected by United States and international copyright laws. In addition, you agree not to use any content of EVMI®'s training materials, including the concepts and ideas expressed in the **CCAM® program** for purposes of training and distribution of competing products or services. Please sign below to confirm that you fully agree with EVMI®'s intellectual property and cancellation policy. By signing this application, you fully agree that all information provided in the completion of this **CCAM®** application form is true and accurate.

NAME IN FULL:	Page 5
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SIGNATURE: DATE:

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Reminder:

PLEASE FULLY COMPLETE, SCAN AND SEND THE FIRST FIVE PAGES OF YOUR APPLICATION FORM, EVMI AFFIDAVIT OF IDENTITY FORM, SIGNED AND DATED, AND INCLUDE YOUR MOST RECENT RESUME OR CURRICULUM VITAE (CV) WITH TWO 2 x 2 PASSPORT SIZED PICTURES OF YOUR FRONT FACE IN JPEG (JPG) FORMAT, AND EMAIL TO: certification@evmi.com FOR PROCESSING

INCLUDE IN THE SUBJECT SECTION OF YOUR EMAIL: CCAM Certification Application & Your Name

ATTENTION: PLEASE COMPLETE ALL STEPS 1, 2, 3, 4,

AND 5 ON THE APPLICATION FORM. THANKS

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