

STEP 1: PLEASE COMPLETE SECTIONS 1 THROUGH 9 (ALL SECTIONS MUST BE FILLED & SIGNED AND DATED BELOW)

- 1) NAME OF SPONSORING ORGANIZATION:

- 2) MAILING ADDRESS OF SPONSORING ORGANIZATION:

- 3) WEBSITE OF SPONSORING ORGANIZATION:

- 4) PHONE NUMBER OF SPONSORING ORGANIZATION *(All international phone numbers must include country code, city code before the phone number):*

- 5) OFFICIAL EMAIL ADDRESS OF SPONSORING ORGANIZATION:

- 6) FULL NAME & TITLE OF PERSON RESPONSIBLE FOR PAYMENT FOR 25 OR MORE PARTICIPANTS:

- 7) WORK EMAIL ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT FOR 25 OR MORE PARTICIPANTS:

- 8) PHONE NUMBER OF PERSON RESPONSIBLE FOR PAYMENT FOR 25 OR MORE PARTICIPANTS *(All international phone numbers must include country code, city code before the phone number):*

- 9) MAILING ADDRESS OF NAME OF PERSON RESPONSIBLE FOR PAYMENT FOR 25 OR MORE PARTICIPANTS:

SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT FOR 25 OR MORE PARTICIPANTS:

DATE:

(PAGE 1)

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**MINIMUM CLASS SIZE IS: 25 | MAXIMUM CLASS SIZE IS: 100 | PLEASE INCLUDE
ALL NAMES OF ALL PARTICIPANTS TAKING 3 DAY CAEVM CERTIFICATION CLASS**

	FULL NAME OF PARTICIPANTS (FIRST, MIDDLE, LAST NAME)
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CAEVM CERTIFIED ASSOCIATE IN EARNED VALUE MANAGEMENT CERTIFICATION PARTICIPANTS LIST

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	FULL NAME OF PARTICIPANTS (FIRST, MIDDLE, LAST NAME)
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	FULL NAME OF PARTICIPANTS (FIRST, MIDDLE, LAST NAME)
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	FULL NAME OF PARTICIPANTS (FIRST, MIDDLE, LAST NAME)
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