



2011 Application (also available at www.CDMS.org/coreknowledge.php)

Thank you for your interest in the CDMS Core Knowledge Curriculum (CKC). Once your payment is processed, you will be **notified via email** when your online access is activated. The email will include login instructions and directions for navigating through the courses.

CONTACT AND GENERAL INFORMATION

Mr. Ms. DR. PARTICIPANT NAME (First, Middle Initial, Last)

HOME ADDRESS

CITY STATE ZIP +4

TELEPHONE (check most preferred contact number)

*As all correspondence related to the CKC is sent via email, provide a current and accurate email address:

BUSINESS _____ ext: _____

MOBILE _____

*EMAIL ADDRESS (required)

ADDITIONAL INFORMATION

Please check the appropriate box(es) below to help us better serve you:

- I am currently a CDMS certificant. My Customer ID is _____ (if known)
- I am purchasing the CKC as a supplemental learning tool to prepare for the CDMS examination.
Please check the exam cycle that you have already applied for or intend to apply for:
 February CDMS exam cycle June CDMS exam cycle September CDMS exam cycle
- I am purchasing the CKC for educational purposes or to attain the ADMS designation.

How did you learn about the Core Knowledge Curriculum?

- Online Colleague Employer Teacher Ad Other _____ (please describe)

PRODUCT DESCRIPTION	Price	Quantity	\$ Total
Individual Module(s) <input type="checkbox"/> M1 <input type="checkbox"/> M2 <input type="checkbox"/> M3 <input type="checkbox"/> M4	\$199		
Full curriculum (all 5 modules)	\$699		
Full curriculum & exam fee	\$999		
Full curriculum for individual purchases by members of designated associations*	5% discount \$664.05/each		
Full curriculum & exam fee for individual purchases by members of designated associations*	5% discount \$949.05/each		
Full curriculum for purchase by small groups (10-24 participants) of same organization**	10% discount \$629.10/each		
Full curriculum & exam fee for purchase by small groups (10-24 participants) of same organization**	10% discount \$899.10/each		
Full curriculum for purchase by large groups (25 or more participants) of same organization**	20% discount \$559.20/each		
Full curriculum & exam fee for purchase by large groups (25 or more participants) of same organization**	20% discount \$799.20/each		
	TOTAL		

* Designated associations include but are not limited to: ABOHN, IARP, and USBLN. Contact the CDMS Administrative Office for more details.

** Group purchases must be made at same time with registration for same exam cycle.

SMALL- AND LARGE-GROUP PARTICIPANTS

ORGANIZATION NAME _____

MAILING ADDRESS _____

CITY _____

STATE _____

ZIP +4 _____

For full-curriculum purchases by small or large groups, submit information for each participant.

Mr. Ms. Dr. PARTICIPANT NAME (First, Middle Initial, Last) _____

HOME ADDRESS _____

CITY _____

STATE _____

ZIP +4 _____

TELEPHONE (check most preferred contact number) _____

*As all correspondence related to the CKC is sent via email, provide a current and accurate email address:

BUSINESS _____ ext: _____

MOBILE _____

*EMAIL ADDRESS (required) _____

Mr. Ms. Dr. PARTICIPANT NAME (First, Middle Initial, Last) _____

HOME ADDRESS _____

CITY _____

STATE _____

ZIP +4 _____

TELEPHONE (check most preferred contact number) _____

*As all correspondence related to the CKC is sent via email, provide a current and accurate email address:

BUSINESS _____ ext: _____

MOBILE _____

*EMAIL ADDRESS (required) _____

Submit additional participant names and information on separate page.

METHOD OF PAYMENT

Please check one:

Enclosed is my check # _____

in the amount of \$ _____
(Payable to the CDMS Commission in U.S. dollars)

Charge \$ _____ to the following credit card:

VISA

MasterCard

Credit Card # _____

Expiration Date (mm/yy) ____/____

3-Digit CID # _____

(The last three digits of the security code on the back signature line of your credit card. It tells our bank that you have the card in your possession.)

Name of Cardholder _____

Signature of

Cardholder _____

(required for credit card charges)

Billing Address of Cardholder

(if different from contact information)

ADDRESS _____

CITY _____

STATE _____

ZIP +4 _____

Submit this application (along with payment) to:

CDMS Commission

1699 E. Woodfield Road

Suite 300

Schaumburg, IL 60173-4957

CDMS Phone # 847.944.1335