



Certified Investments and Derivatives Auditor

CIDA Examination Application Form

Name: _____
Last Name First Name Middle Name or Initial

Organization: _____

Title: _____ Country: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone Number : _____ Fax Number : _____

E-MAIL: _____

Industry: _____ Job Level: _____

Mother's Maiden Name: _____ Date of Birth: _____

Education:

Highest degree attained: _____ Year Awarded: _____

Location degree attained: _____

Certifications:

- CIA
- CISA
- CCSA
- CGAP
- CPA, C/
- OTHER

Audit Experience:

- None
- Less Than 1 Year
- 1 Year but Less Than 2 Year:
- 2-4 years
- More Than 4 years

Investment Auditing Experience:

- None
- Less Than 1 Year
- 1 Year but Less Than 2 Year:
- 2-4 years
- More Than 4 years

Payment Method:

- Invoice
- Check
- Credit Card

Exam Fees:

Registration Fee: \$ US 50.00 (Domestic)
 \$ US 75.00 (International)
 Exam Fee: \$ US 295.00

Special Conditions:

Please include a separate letter stating what type of special accomodations you require.

Credit Card Number: _____ Exp. Date: _____

Name on Credit Card: _____ Signature: _____

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