



Certified Investments and Derivatives Auditor

Proctor Registration

Information About Candidate (Please Print)

CIDA Registration Number: _____ - _____

Last Name: _____ First Name: _____

Candidate's Organization: _____

Proctor's Authority:

(check all that apply):

- CIDA
- CIA
- CPA
- Candidate's Supervisor
- Human Resources
- OTHER: _____

Please inform your proctor that they will be receiving the examination and the administration instructions one week prior to the exam. If they have any questions, they should notify us directly at (913) 362-7500.

Information On Proctor:

Name: _____

Organization: _____

Title: _____ Country: _____

Address: _____

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

Phone Number : _____ Fax Number : _____

E-MAIL: _____

Investment Training and Consulting Institute, Inc.

7700 Shawnee Mission Parkway, Suite 212
Overland Park, KS 66202

Phone: (913) 362-7500, Fax: (866) 606-8921

Web-site: www.investci.com

E-Mail: info@investci.com