

**ChSPO™ CHIEF SCHEDULE & PLANNING OFFICER™
Application Form**



Step 1: Participant Information		Please complete all fields:
1	Please select & mark with X. SEX: Male <input type="checkbox"/> Female <input type="checkbox"/>	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/>
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 Passport sized Pictures (Front face) As Required?	
18	*Was the www.evmi.com/chspo website useful?	
19	*How did you hear about the ChSPO™ Program? or who you were referred by (Please provide full name)	

Phone: +1.469.920.4066 (USA)

Email: certification@evmi.com

EVMI, 8700 Stonebrook Parkway Unit 1624, Frisco Texas 75034 USA

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Step 2: Course Information

For course dates and locations, visit:

www.evmi.com/chspo

Course name:

ChSPO™ CHIEF SCHEDULE
& PLANNING OFFICER™

Date:

*Location (Address): (Please select
Location where class will be conducted)

VIRTUAL WITH LIVE AND INTERACTIVE INSTRUCTOR
AND DELIVERED VIA ZOOM CLASSROOM

**** TRAINING REQUIRES A REGISTRATION OF 100 PARTICIPANTS PER EACH GROUP. THE CLASS MINIMUM SIZE IS 100 AND MAXIMUM SIZE IS 1000 PARTICIPANTS. YOUR ORGANIZATION CAN REGISTER MORE THAN 100 PARTICIPANTS BUT NOT LESS!**

Step 3: Payment Information

Please complete your payment information below. Note that EVMi® must receive full payment for course(s) registered **7 Business 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:

PAYMENT VIA CREDIT CARD CORPORATE CHECK

PLEASE NOTE: ADDITIONAL INSTRUCTIONS WILL BE PROVIDED IN FINAL INVOICE REGARDING HOW TO MAKE PAYMENT BY CHECK

PLEASE NOTE THAT UPON RECEIPT OF FULL PAYMENT, YOUR SOFT COPY READ-AHEAD MATERIALS WILL BE EMAILED TO REGISTERED PARTICIPANTS WHOSE FULL PAYMENTS HAVE BEEN RECEIVED.

Price per one ChSPO Participant is \$24,999 (USD)

Number of Registrant(s) _____ x \$24,999 = TOTAL= ___

(Payment is in United States Dollars only)

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YOUR INDUSTRY: Please select **only one** industry in which you work:

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		Insurance	
Bio-Technology		Manufacturing	
Chemicals		Management Consulting	
Computer Hardware		Materials	
Computer Networks & Communications		Medical Products	
Computer Software & Applications		Metals	
Consumer Goods & Services		Mining & Drilling	
Education Management		Oil & Gas	
Electronics & Electrical Equipment		Pharmaceuticals	
Energy & Nuclear Power		Pipelines	
Environmental Services		Printing & Publishing	
Farm Machinery		Retail	
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	

Write Your Industry here if not listed above: _____

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PAYMENT: Payment via credit card using our secured credit card payment gateway is available at:
<https://evmi.com/chspo>

IDENTIFICATION FORMS REQUIRED: 2 official forms of **PICTURE** identification are required for the **ChSPO™ Chief Schedule & Planning Officer™ program** and must be presented before the start of class. Accepted 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.

ATTENTION: All participants taking the **ChSPO™ Chief Schedule & Planning Officer™ program** via **online mode (virtual)** must download, complete and submit a completed and notarized **EVMI®'s Affidavit of Identity form** which is located at:
https://www.evmi.com/wp-content/uploads/2019/01/EVMI_Affidavit_of_Identity_Form-3.pdf

2 PASSPORT SIZED PICTURES REQUIRED: **Two (2 x 2)** soft copy versions of passport sized pictures taken **not more than 30 days** are required and must be sent with your application form

AIRLINE TICKET PURCHASE & HOTEL BOOKING: Please do not make non-refundable airline reservations and hotel arrangements unless you have received a confirmation e-mail.

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**. 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 **ChSPO™ Chief Schedule & Planning Officer™ program** you FULLY acknowledge that ALL of **EVMI®'s** training materials are protected by United States and international copyright laws. In addition, you agree not to use any content **ChSPO™ Chief Schedule & Planning Officer™ 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 **ChSPO™ Chief Schedule & Planning Officer™** application is true and accurate.

NAME IN FULL:

SIGNATURE:

DATE:

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Reminder:

PLEASE FULLY COMPLETE, SCAN AND SEND THE FIRST FOUR PAGES, SIGNED AND DATED, AND INCLUDE YOUR MOST RECENT RESUME OR CURRICULUM VITAE (CV) WITH TWO SOFTCOPY SCANS OF YOUR 2 x 2 PASSPORT SIZED PICTURES IN .JPEG FORMAT OF YOUR FRONT FACE AND SEND VIA EMAIL TO certification@evmi.com FOR PROCESSING. ALL ORGANIZATIONS MUST SEND EACH APPLICATION WITH PICTURES AND RESUMES IN SEPARATE FOLDERS TO AVOID CONFUSION OF PARTICIPANTS.

IF YOU ARE ATTENDING CLASS IN PERSON AT OUR PUBLIC SITES, PLEASE BRING 2 FORMS OF IDENTIFICATION - Accepted 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.

**IF YOU ARE TAKING THE CLASS ONLINE,
COMPLETE AND INCLUDE THE SIGNED &
COMPLETED EVMI®'s AFFIDAVIT OF IDENTITY
FORM WHEN SENDING IN YOUR COMPLETED
FORMS**

PLEASE COMPLETE ALL STEPS 1, 2, 3, 4.

THANKS