



# CBK™ Review Seminar Registration Form



Use this form to register for the CBK™ Review Seminar.  
Please type or print clearly. All pages of this form must be completed. Incomplete forms will be returned.

REGISTRATION INFORMATION	
Last Name/Surname: _____	Mr <input type="checkbox"/> Ms <input type="checkbox"/>
First Name/Given: _____	Middle Initial: _____
Home Address: _____	
City: _____	Postal Code: _____ Country: _____
Home E-mail: _____	
Home Phone: _____	Home Fax: _____
Employer: _____	
Title / Position: _____	
Industry: _____ (Choose an industry Type from Page 3)	
Business Address: _____	
City: _____	Postal Code: _____ Country: _____
Business E-mail: _____	
Business Phone: _____	Business Fax: _____
VAT registration no (momsregistreringsnummer): _____	

SEMINAR PREFERENCE INFORMATION	
SEMINAR TYPE (Check one)	<input type="checkbox"/> CISSP
PREFERRED DATE	LOCATION
	<b>Stockholm</b> (For another location, please use the CBK™ Review Seminar Registration Form on (ISC)²'s web site <a href="http://www.isc2.org">www.isc2.org</a> )

**SEMINAR FEES (Check the payment being made. All fees are in SEK or EURO)**

CISSP

**Standard Registration** (Received with payment 7 days prior to course start)

**SEK: 22,550 (+VAT 25%) Total 28,188**

**€: 2,050 (+VAT 25%) Total 2,563**

**METHOD OF PAYMENT**

Payment is due at the time of registration. Payment may be made to Ekelöw InfoSecurity’s bank account, or in Sweden Bankgiro, Postgiro or invoice.

**Please state your name and name of company, as a reference, on your payment.**

Please select the payment method:

**Bankgiro: 5797-0964**

**Postgiro: 214589-4**

**Invoice (faktura)**

Invoice address: \_\_\_\_\_

**Bank Account no: 6139 086315528**

**Bank Name: Svenska Handelsbanken, 106 70 Stockholm**

**Swift Address / BIC: HANDSESS**

**IBAN no: SE21 6000 0000 0000 8631 5528**

**AGREEMENT AND DISCLAIMERS**

Ekelöw InfoSecurity AB is the official affiliate to (ISC)<sup>2</sup> and the arranger of CBK™ Review Seminar events and examinations in Sweden. (ISC)<sup>2</sup> is responsible for the content of CBK™ Review Seminars.

By registering for a CBK™ Review Seminar, I hereby affirm that I understand, acknowledge and agree to the following:

Registration is accepted “first come – first served” based on receipt of payment in full. (ISC)<sup>2</sup> reserves the right to cancel any seminar 15 days in advance. In any event, (ISC)<sup>2</sup>’s liability shall be limited to a refund of fees paid.

This CBK™ Review Seminar registration form will not register me for an examination. Please complete the Examination registration form if you wish to register for an exam. You are encouraged to register on-line on (ISC)<sup>2</sup>’s web site [www.isc2.org](http://www.isc2.org).

Cancellation or rescheduling requests received in writing with 22 days notice or more will incur a SEK 1100 / € 100 fee (Refund = Amount Paid, Less SEK 1100 / € 100).

Cancellation or rescheduling requests received in writing between 21 and 5 days prior to the event will be given a credit toward attendance at a subsequent program only (No Refund) and will incur a SEK 1100 / € 100 fee.

**Cancellations received with less than 5 calendar days notice and “no-shows” will not be given a refund nor a credit towards a later program (unless there is documented medical emergency).**

I understand that the material and contents of the a CBK™ Review Seminar are proprietary to (ISC)<sup>2</sup> and protected by appropriate intellectual property laws. (ISC)<sup>2</sup> has incurred great expenses to develop, produce, and present the material and content of the a CBK™ Review Seminar. The material and contents may not be copied, transferred, exchanged, sold, disclosed, or otherwise disseminated to anyone outside the seminar, and may only be used by me for personal study. Any breach of this Agreement will be grounds for revocation of the certification designation, if awarded, and appropriate legal action.

I have read the (ISC)<sup>2</sup> Code of Ethics and hereby confirm that I have not violated any of its provisions in the past, and that I will comply with it in the future. All information provided by me in this application is true to the best of my knowledge. (ISC)<sup>2</sup> may, at its sole discretion, make inquiry of individuals referenced in this application to verify the accuracy and completeness of the information I have provided.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail this completed registration to:**

Ekelöw InfoSecurity AB  
Att: CISSP  
Box 27066  
102 51 Stockholm

You may also fax your registration to +46 (0)8 661 4602. Faxing your completed registration form and proof of payment will reserve your space. However, you will also need to mail in a hardcopy of your form and proof of payment to ensure your registration is confirmed.

For questions, please call Chung-wai Lee at Ekelöw at +46 (0)8 410 685 56.

**Industry Types:**

- |  |                           |
|--|---------------------------|
| Aerospace                                  | Legal                     |
| Agriculture / Forensic                     | Management Consulting     |
| Banking / Financial / Accounting           | Manufacturing             |
| Communications / Networks                  | Media                     |
| Computer Services / Systems                | Merchandising             |
| Construction / Engineering / Architectural | Natural Resources         |
| Education                                  | Public Utilities          |
| Fishing                                    | Real Estate               |
| Government & Military                      | Retail                    |
| Federal Government                         | Self-Employment           |
| State Government                           | Service                   |
| Local Government                           | Transportation / Shipping |
| Healthcare / Medical / Pharmaceutical      | Wholesale                 |
| Hospitality                                | Other (Please Specify)    |
| Insurance                                  |                           |