

## **CDM CERTIFICATION PROGRAM REGISTRATION FORM**

2101 Wilson Boulevard, Suite 700, Arlington, VA 22201-3060 • (703) 522-1820 • (703) 522-1885 Fax • NDIA.org

FOR I	NDIA	USE	ONLY
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Event		Location				Date	
Years of Specific CDM Experience							
Prefix (e.g. RADM, COL, Mr., Ms., Dr., etc.)	First			Middle Initial	Last		
Military Affiliation (e.g. USMC, USA (Ret), etc.)		NDIA Master ID/Membership #			Nickname (For meeting b	padge)	
Title			Compan	ny			
Street Address				Address 2			
City	State	Zip	Country			Fax	
Phone	Ext.	Email					
Signature				Date			
I consent to receiving marketing emails from NDIA and Affiliates. I can always update my specific preferences and unsubscribe at any time.  To read NDIA & Affiliates' privacy policy, go to: NDIA.org/Privacy-Statement  Yes  No							
PREFERRED WAY TO RECEIVE IN	IFORMATION						
Above Address Alternate (P	rint address her	e) Email	Street Ad	ddress			
Address 2		City		State	Zip	Country	

REGISTERING AS (Check one)								
Certified Configuration and Data Manager (CCDM) (Requires 10 Years of CDM Experience)								
Certified Configuration and Data Specialist (CCDS) (Requires 5 Years of CDM Experience)								
Configuration and Data Manager Apprentice (CDMA)								
CONFERENCE REGISTRATION FEES								
NDIA Member Two Day Prep Course and Exam			\$700					
Non-Member Two Day Prep Course and Exam			\$800					
Prep Course and Retake Exam			\$500					
Course Only			\$350					
NDIA Members Exam Only			\$350					
Non-Members Exam Only			\$450					
Retake Exam			\$150					
RECERTIFICATION								
NDIA Members	\$275	Non-Members \$33						

**NOTE:** The cost of virtual exams includes the online proctoring fee; virtual exams will be available starting August 20, 2021.

## PAYMENT OPTIONS

Check (Payable to NDIA – CDM Program)

VISA MasterCard American Express

If paying by credit card, you may return by fax to (703) 522-4601.

Name on the Credit Card \_\_\_\_\_\_

Credit Card Number \_\_\_\_\_\_

Exp. Date (Month/Year) \_\_\_\_\_\_ CW\_\_\_\_\_

Signature \_\_\_\_\_\_ Date

## **EMAIL COMPLETED FORM & CURRENT RESUME TO:**

Ms. Nery Riveiro

Data Administrator

Phone: (703) 247-9464 | Fax: (703) 522-4601 | nriveiro@NDIA.org

## **MAIL REGISTRATION TO:**

NDIA – CDM Program 2101 Wilson Boulevard Suite 700 Arlington, VA 22201-3060