


Name (Print) _____ Phone _____
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*Course confirmations are emailed.
Please include a valid email address.

Check one:

- CSCP A Member # _____ (Pays Member Fee)
- Member of _____ State CPA Society – Member ID:# _____ (Pays Member Fee)
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Note: If selecting e-materials, you must provide an email address. You will receive a link to download your materials one week before the course date. Program cancellations will not be allowed once the link to your e-materials has been sent. E-materials are available only on courses with the following symbol. 

1 Course Express Code _____ E-materials (where available, less \$10)
Date _____ Location _____ Fee \$ _____

2 Course Express Code _____ E-materials (where available, less \$10)
Date _____ Location _____ Fee \$ _____

3 Course Express Code _____ E-materials (where available, less \$10)
Date _____ Location _____ Fee \$ _____

4 Course Express Code _____ E-materials (where available, less \$10)
Date _____ Location _____ Fee \$ _____

5 Course Express Code _____ E-materials (where available, less \$10)
Date _____ Location _____ Fee \$ _____

Total Amount Enclosed \$ _____ Method of Payment: Check Mastercard / Visa / AmEx
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NOTE: Early Bird discount is applicable if registration, including payment, is received by the CSCPA on or before noted expiration date.

Duplicate this form for additional registrations. Make checks payable to CSCPA. Mail with this form to:
CSCPA, 716 Brook Street, Suite 100, Rocky Hill, CT 06067-3433
or Fax registrations with credit card number to: **860-571-6830**