

Name (Print) _____

Phone _____

Firm/Company Name _____

FAX _____

Address _____

Email* _____

City _____ State _____ Zip _____

*Have your course confirmations emailed to you!
Please include valid email address.

Special Needs _____

Check one:

- CSCPA Member # _____ (Pays Member Fee)
- Member of _____ State CPA Society – Member ID:# _____ (Pays Member Fee)
- CPE Subscriber (Pays Member Fee)
- Non-member (Pays Non-member Fee)

1 Express Code or
Course Title _____
Location _____ Date _____ Fee \$ _____

2 Express Code or
Course Title _____
Location _____ Date _____ Fee \$ _____

3 Express Code or
Course Title _____
Location _____ Date _____ Fee \$ _____

4 Express Code or
Course Title _____
Location _____ Date _____ Fee \$ _____

5 Express Code or
Course Title _____
Location _____ Date _____ Fee \$ _____

6 Express Code or
Course Title _____
Location _____ Date _____ Fee \$ _____

Total Amount Enclosed \$ _____ Method of Payment: Check Mastercard / Visa / AmEx

Credit Card #: _____ Expiration Date _____

Cardholder's Name _____ Signature _____

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 Foundation. Mail with this form to:

CSCPA Foundation, 845 Brook Street, Building 2, Rocky Hill, CT 06067-3405
or FAX registrations with credit card number to: 860-571-6830