



The Connecticut Society of Certified Public Accountants

ORDER FORM

advocacy • community • education

PROFESSIONAL ETHICS SELF STUDY COURSE

NAME _____

FIRM (if shipping to firm) _____

Email: _____

ADDRESS (Do *not* use a PO. Box) _____

CITY/STATE _____ ZIP CODE _____

DAYTIME PHONE - (_____) _____ - _____ Ext. _____

Quantity Desired: _____ @ \$115.30 Ethics Exam (Shipping/handling included)

_____ 6.92 6% CT Sales Tax

Total Enclosed \$ _____ \$122.22 Total

Method of Payment: Check (payable to CSCPA Foundation)
 American Express/Master Card/Visa

Credit Card # _____ Exp. Date _____

Name on Credit Card

Signature

If paying by check, mail the completed order form with check to:

Ethics Course
CSCPA Education and Research Foundation
845 Brook Street, Bldg 2
Rocky Hill, CT 06067-3405

If paying by Credit Card, fax to:

860-571-6830
Attn: Roberta Hunt

NOTE: Materials will be shipped UPS. Faster delivery shipping methods are available at the customer's expense. Information on available services and related fees may be obtained by calling Roberta Hunt at the Society office at (860) 258-4800 x219.

*Are you currently on our mailing list to receive Continuing Professional Education information?
If you are not and would like to be added, please check below.*

Please add me to your continuing professional education mailing list

RETAIN A COPY OF THIS ORDER FORM FOR YOUR PERSONAL RECORDS