2017 ASCPA Continuing Professional Education Registration Form

Mail form to :	Fax form to :	Register online at:
ASCPA P.O. Box 242987 Montgomery, AL 36124-2987	334.834.7310	www.ascpa.org

REGISTRANT INFORMATION

Last Name	**First Name**	**M.I.**	**ASCPA Member Number**
Firm / Employer			**State Certificate Number**
Address			
City	**State**	**Zip**	**Please visit www.ascpa.org to view all registration policies, including information about cancellations and refunds.** **Please attach a description of special requests or contact us at (334) 386-5763.** ☐ Vegetarian ☐ ADA Request
Business Phone	**Business Fax**		
Email Address (for registration confirmation)			
☐ **Check if information has recently changed and needs to be updated in your member record**			

Are you a member of the AICPA? ☐ **Yes** ☐ **No** **Member Number:** _____ **(Required for discount; subject to verification)**

How did you hear about this class? ☐ Email ☐ Magazine ☐ Website ☐ Postcard/Special Mailing ☐ Other

Course Date	Course Title	Course Number	Course Fee ASCPA Member	Course Fee Non-Member	AICPA Discount *see note (where applicable)	Book Fee ($40 per course)	Subtotal
					Total:		

*CPAs who are members of the ASCPA may register at the member rate. CPAs who are not a member of the ASCPA or other State Society may register at the Non-Member rate. Please include the appropriate discount(s) when registering for events.

✳**CPAs who are members of the AICPA may deduct $30 from AICPA seminars ONLY (8 hrs classes)**. *(These are identified in the CPE Schedule online or in the ASCPA magazine).*

*Electronic course materials are included in the registration fee and will be available for download 3 days before the course date. You can choose to purchase a paper copy of the course materials for an additional fee of $40 per course.

☐ ***I acknowledge that I will receive course materials electronically (included in course fee).***

☐ ***I would like to purchase my manual for $40*** **per class**

Check: I have enclosed a check payable to ASCPA in the amount of $ _____

I authorize the ASCPA to charge $ _____ to my credit card. Credit Card: MC Visa Discover AMEX

Card Number

Month Year Expiration Date

☐ **Company Credit Card** ☐ **Personal Credit Card**

_____ _____

Print Cardholder's Name **Cardholder's Signature**

4/2017