



2018 ASCPA Continuing Professional Education Registration Form

Mail form to : ASCPA P.O. Box 242987 Montgomery, AL 36124-2987	Fax form to : 334.834.7310	Register online at: www.ascpa.org
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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. <input type="checkbox"/> Vegetarian <input type="checkbox"/> ADA Request
Business Phone	Business Fax		
Email Address (for registration confirmation)			
<input type="checkbox"/> Check if information has recently changed and needs to be updated in your member record			
Are you a member of the AICPA? <input type="checkbox"/> Yes <input type="checkbox"/> No Member Number: _____ (Required for discount; subject to verification)			
How did you hear about this class? <input type="checkbox"/> Email <input type="checkbox"/> Magazine <input type="checkbox"/> Website <input type="checkbox"/> Postcard/Special Mailing <input type="checkbox"/> Other			

Course Date	Course Title	Course Number	Course Fee		AICPA Discount *see note (where applicable)	Subtotal
			ASCPA Member	Non-Member		
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.
 I acknowledge that I will receive course materials electronically (included in course fee).

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 _____