



2020 ASCPA CPE Registration Form

REGISTRANT INFORMATION

Last Name		First Name		M.I.	ASCPA Member Number
Firm/Employer					State Certificate Number
Address					
City		State		Zip	
Business Phone			Cell Phone		
Email Address (for registration confirmation)					Please visit www.ascpa.org to view all registration policies, including information about cancellations & refunds. Please attach a description of special requests or contact us at (334) 386-5764. <input type="checkbox"/> Vegetarian <input type="checkbox"/> ADA Request
<input type="checkbox"/> Check if any of the information above has recently changed & needs to be updated in our records.					

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

Course Date	Course Title	Course Number	Course Fee *		AICPA Discount**	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 designated discount(s) when registering for events.**

****CPAs who are members of the AICPA may deduct \$30 from 8-hour AICPA seminars ONLY. These are identified in the online CPE Catalog and in the ASCPA Connections magazine.**

Electronic course materials are included in the registration fee and will be available for download 3 days before the course day.
 I acknowledge that I will receive course materials electronically and the cost is included in the course fee.

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

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

Card Number	<input type="text"/>	Expiration (MM/YY)	<input type="text"/>
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Company Credit Card Personal Credit Card

Print Cardholder's Name _____

Cardholder's Signature _____

Mail form to: ASCPA PO Box 242987
Montgomery, AL 36124-2987

Register online at www.ascpa.org