

Registration Form

To register, please fill in the information below and submit this form to us using one of the fast, easy registration options listed on the inside front cover of this catalog. You may also register online at www.vscpa.com/CPE.

Name _____ Firm/Company name _____
 Mailing address _____ E-mail address _____
 City/State/ZIP _____ Phone () _____
 Cell Work Home

Are you a VSCPA member? Yes No
 If yes, what is your VSCPA member ID number? _____

Are you a member of other state CPA societies?
 Yes No
 If yes, please list those states. _____

Are you an AICPA member? Yes No
 If yes, what is your AICPA member ID number? _____

Please help us keep our records current:
 Is the information entered above a change to what we currently have on file for you? Yes No

Do you have any special dietary or accommodations needs?
 If so, please let us know. _____

Course #	Date	Fee	Discount 	Are you an AICPA member? Is your course marked with the AICPA logo? If yes, take advantage of a \$30 discount.	Subtotal
Total					

Payment

Check made payable to the VSCPA



Cardholder's name _____

Credit card # _____

Expiration date _____

Signature _____