

Registration Form



To register, please fill in the information below and submit this form via email to cpe@vscpa.com or by mail to VSCPA, P.O. Box 844512, Boston, MA 02284-4512. You may also register online at vscpa.com/CPE or by calling (800) 733-8272.

Name _____ Firm/Company name _____

Mailing address _____ Email 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

   

Credit card # _____

Expiration date _____

Cardholder's name _____

Signature _____