Registration Form

To register, please fill in the information below and submit this form via email to **cpe@vscpa.com**, fax at (804) 273-1741 or by mail to VSCPA, P.O. Box 758988, Baltimore, MD 21275-8988. You may also register online at **vscpa.com/CPE** or by calling (800) 341-8189.

Name _____

Mailing address _____

City/State/ZIP _____

Firm/Company name _____

Email address _____

Phone ( ) _____

❑ Cell ❑ Work ❑ Home

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

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

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

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

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

Course #	Date	Fee	Discount AICPA 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

❑ AMERICAN EXPRESS Card ❑ DISCOVER ❑ MasterCard ❑ VISA

Credit card # _____

Expiration date _____

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Signature _____