

## Continuing Education Course Registration

Course Title \_\_\_\_\_

Start Date \_\_\_\_\_

MSCPA Member # \_\_\_\_\_

Other State CPA Society Member \_\_\_\_\_

Name \* \_\_\_\_\_

Firm \_\_\_\_\_

Address \* \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

AICPA Member # (Only for AICPA courses) \_\_\_\_\_

Email \_\_\_\_\_

I have special needs. Please call me.     Yes     No

Member Fee \_\_\_\_\_ Non-Member Fee \_\_\_\_\_

Credit Card Type \*     Mastercard     Visa     AMEX

Card Number \* \_\_\_\_\_

Name on Card \* \_\_\_\_\_

CVV \* \_\_\_\_\_ Expiration Date \* \_\_\_\_\_

Required Fields \* You may register for CPE courses by Fax, Phone, Mail and Online.