Continuing Professional Education Registration

Mail this form and payment to:
The Alabama Society of Certified Public Accountants
P.O. Box 242987, Montgomery AL 36124-2987
Fax to: 334.834.7310 or Register online www.ascpa.org

If you have special needs under the Americans with Disability Act, attach a written description
Call, or email sruss@ascpa.org or mfgarner@ascpa.org
Please reproduce this form for multiple registrants

PERSONAL INFORMATION

Last Name	First Name	M.I.
Firm / Employer		
Address		
City	State	Zip
Business Phone	Business Fax	

Email Address (for registration confirmation)_____
State Certificate Number _____ or ASCPA Member Number -

☐ check if information has recently changed and needs to be updated in your member record

Cancellations & Refund Policy

REFUND POLICY: If you must cancel during the ten (10) days prior to a course, there will be no refund. However, you may name a replacement by contacting the CPE department, a $20 transfer fee applies. At any time prior to 10 days from a course, a refund less a $25 cancellation fee, will be made upon request.

Mail this form and payment to:
The Alabama Society of CPAs
P.O Box 242987
Montgomery, AL 36124-2987
Phone: 334.834.7650
In-state: 800.227.1711
FAX to: 334.834.7310
Register online www.ascpa.org

Are you a CPA? ☐ Yes ☐ No Are you a member of the ASCPA? ☐ Yes ☐ No (If "No", join now and save!)
Contact Betty Barker bbarker@ascpa.org or go to our web site for an application: www.ascpa.org. Applications in progress qualify for the member rate.

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

Course Date	City	Course Title	Course Number	Course Fee ASCPA Member	Course Fee Non-Member	Fee Adjustment *AICPA Member Discount * See Note*	Subtotal

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 appropriate discount(s) when registering for events.

- **CPAs who are members of the AICPA may deduct $30 from AICPA seminars ONLY (8 hrs classes)**. *(These are identified in the CPE Schedule online or in the ASCPA newsletter)*. Refunds or credits for this AICPA discount will not be allowed after the registration has been processed.

PAYMENT INFORMATION:

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

☐ Credit Card: ☐ MC ☐ Visa ☐ Discover ☐ AMEX

I authorize the ASCPA to charge $ _____ to my credit card below:

Month Year

Expiration Date

_____ _____
PRINT CARDHOLDER'S NAME CARDHOLDER'S SIGNATURE

_____ _____
Address of cardholder City, State, Zip of cardholder