



**CSCPA Nonmember CPE Registration Form
State Society Member Discount**

For use by members of State CPA Societies other than Connecticut. Complete the form below including your state society member ID number to be eligible to receive the CSCPA member discount on all of your CSCPA-sponsored CPE.

I am a member of _____ state CPA society - Member ID# _____.

Name _____ Phone _____

Firm _____ Fax _____

Address _____ E-mail* _____

City/St/Zip _____ Special Needs _____

*Course confirmations are emailed. Please include valid e-mail address.

NOTE: Early Bird discount applicable if registration including payment is received by the CSCPA on or before noted expiration date.

Course Title _____ Course Fee \$ _____

Course Date _____ Location _____

Course Title _____ Course Fee \$ _____

Course Date _____ Location _____

Course Title _____ Course Fee \$ _____

Course Date _____ Location _____

Payment Method Check MC/Visa/Amex Total Enclosed: _____

Credit Card # _____ Exp. Date _____

Cardholder's Name _____ Cardholder's Signature _____

Duplicate this form for additional registrations. Make check payable to CSCPA.

Mail together with this form to:

CSCPA - 716 Brook Street, Suite 100 - Rocky Hill, CT 06067

Fax Registrations with credit card: 860-571-6830