



\*Please pay the member fee if you are a MSCPA member, a member of another state society, attorney, or non-cpa staff member.

## CPE REGISTRATION FORM

PLEASE TYPE OR PRINT LEGIBLY

NAME

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FIRM/COMPANY

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ADDRESS

BUSINESS  HOME

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CITY, STATE ZIP

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DIRECT BUSINESS PHONE

DIRECT BUSINESS FAX

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E-MAIL ADDRESS

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THE ABOVE INFORMATION REFLECTS A CHANGE

\*Needed to process your registration

I am a (please check all that apply)

- MEMBER MSCPA
- MEMBER AI CPA (SEE COURSE DESCRIPTION FOR APPLICABLE DISCOUNT)
- MEMBER OTHER STATE SOCIETY
- NON-CPA STAFF OF A SOCIETY MEMBER
- CPA
- ATTORNEY
- OTHER \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

## PAYMENT METHOD

- CHECK (payable to MSCPA Educational Foundation)
- MASTERCARD  VISA
- DISCOVER  AMERICAN EXPRESS
- ( PERSONAL  COMPANY)

CARD NUMBER

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EXPIRATION DATE

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SIGNATURE

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NAME AS IT APPEARS ON CARD

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If you need special accommodations at the course, please notify the society at least two weeks before the event so the MSCPA may adequately assist you.

Register online at [www.mocpa.org](http://www.mocpa.org).

Send checks payable to:

MSCPA Educational Foundation  
167 Lamp & Lantern Village, #252  
Chesterfield, MO 63017

Send credit/debit card payments or other correspondence to:

MSCPA Educational Foundation  
P.O. Box 419042  
St. Louis, MO 63141-9042

Call 800/264-7966 everywhere in Missouri or 314/997-7966 in the St. Louis area • Fax registrations with credit/debit card information to 314/997-2592

## SEMINAR INFORMATION

COURSE TITLE No.1

COURSE CODE\*

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LOCATION

DATE

FEE

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COURSE TITLE No.2

COURSE CODE\*

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LOCATION

DATE

FEE

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COURSE TITLE No.3

COURSE CODE\*

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LOCATION

DATE

FEE

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COURSE TITLE No.4

COURSE CODE\*

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LOCATION

DATE

FEE

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