

MISSOURI SOCIETY OF CPAS

AWARDS CELEBRATION

KC | NOV 6 • STL | NOV 13



Join us for an evening dedicated to honoring those who have achieved major milestones and earned prestigious awards during the past year. Honorees will include recent CPA exam passers, newly licensed CPAs, 35-year and 50-year members, MOCPA scholarship winners, MOCPA Impact Award winners, MOCPA Campaign Contributors, and MOCPA 100% Membership Organizations.

Participating in the Awards Celebration provides your organization the opportunity to encourage and recognize the outstanding achievements of your employees. Organizations are invited to reserve a table for this event so that colleagues, family, and friends can share in this extraordinary evening highlighting their honorees.

WESTERN REGION AWARDS CELEBRATION:

WHEN: Thursday, November 6

WHERE: Arrowhead Stadium
Tower Club East, 1 Arrowhead Drive
Kansas City, MO 64129

DEADLINE: October 23

AGENDA:

5:00-5:45 p.m.	Reception
5:45-6:30 p.m.	Dinner
6:30-7:45 p.m.	Program
7:45-8:45 p.m.	Stadium Tour (KC only)

COST: \$60 Members and Non-members/Guest

EASTERN REGION AWARDS CELEBRATION:

Thursday, November 13

River City Casino
777 River City Casino Blvd.
St. Louis, MO 63135

October 30



Register Today!

TO REGISTER, complete and return this form with your check,
online at www.mocpa.org/awardscelebrations.

If you have any questions, please contact Dana Seipp at dseipp@mocpa.org or (800) 264-7966, ext. 123.

Sponsored by:

CPACHARGE
AN AFFINIPAY SOLUTION

PAYCHEX

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YOUR WORLD OF LEARNING

MOCPA
Missouri Society of
Certified Public Accountants

Contact Person: _____

Firm/Company: _____

Email: _____ Phone Number: _____

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☐ **Western Region – Nov. 6; Arrowhead Stadium, Kansas City**

Registration Deadline | Oct. 23 (Tables of 8)

☐ **Eastern Region – Nov. 13; River City Casino; St. Louis**

Registration Deadline | Oct. 30 (Tables of 8)

Names of Attendees	MOCPA Member \$60	Non-Member Guest \$60	Campaign Contributor \$60	New Licensee \$60	Exam Passer Comp	Scholarship Winner Comp	35 Year Comp	50 Year Comp	Impact Winner	Stadium Tour
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Please check one box for each attendee. **NOTE:** In order to help with seating arrangements, please match honorees with their guests on this form.

1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Amount Due: _____

HONOREE INFORMATION

If you have additional honorees, please list this information on a separate page.

VERY IMPORTANT! So that honorees are properly recognized, please provide the following detailed information for all.

(Please Print)

Name pronunciation phonetically: _____

(Example: Dana Seipp; Day-na Sipe)"

Name pronunciation phonetically: _____

Name pronunciation phonetically: _____

Current Employer: _____

Payment Type:

☐ Personal ☐ Business

Make checks payable to MOCPA:

☐ Check

Missouri Society of CPAs

Attn.: Dana Seipp

530 Maryville Centre Dr., Ste. 210

St. Louis, MO 63141

***PLEASE NOTE:** If you did not purchase an entire table,
other guests will be seated at your table.

CANCELLATION/REFUND/TRANSFER POLICY:

We accept transfers and cancellations by phone. You may transfer your registration to another person with no penalty, at any time. Cancellations made within five working days prior to the event will not be refunded. If you do not notify MOCPA of your transfer/cancellation prior to the event, we may not be able to accommodate you on-site.

***PHOTO DISCLAIMER:** Photographs may be taken at this event and used in MOCPA marketing.