MACPA REGISTRATION FORM



SEMINARS/PRODUCTS				Early bird fees expire 30 days prior to event date.	
Course Date	Event Title / Product Name	Event ID / Product Code	Location	date. Fee	SUBTOTAL
2000			Loodon		\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
DISCOUNTS AR	E SUBJECT TO VERIFICATION. TOTAL WILL BE ADJUSTED IF APPLICABLE.			GRAND TOTAL	\$

• CLASSIFICATION: Membership numbers and other information is REQUIRED to receive discounts.

MACPA Members & Affiliates: The following classifications are eligible to receive the member fee	NON-MEMBERS Non-member fee applies			
Select your classification(s) below (check all that apply), and then on the right of the arrow, provide info that corresponds to your selection. Image: MACPA Member Membership # OR State Certificate #	□ I am a non-CPA and do not have a referral from an MACPA member.			
- OY -	I am a CPA but not a member of MACPA or another state CPA society.			
Member of another state CPA society.	Join and receive member discounts on each day of instruction. Call us at 800.782.2036			
- OY -				
*Non-CPA clients or colleagues of an MACPA member Member name or their MACPA membership #:				
- and -	SPECIAL NEEDS/ QUESTIONS: Please call the Member Service Center for special needs, questions, or to register. Local: 410-296-6250			
Member of AICPA - AICPA members will receive a \$30 discount on eight-hour AICPA courses. Be sure to include this discount in your total for AICPA courses only. (Event codes ending in "A" denotes an AICPA course.)				
PERSONAL INFORMATION				
NAME COMPANY NAME	Outside Baltimore area: 800-782-2036			
ADDRESS SUITE NO CITY/STATE/ZIP	Policies & General Information:			
PHONE (please include area code) FAX (please include area code) E-MAIL ADDRESS	www.macpa.org/generalinfo.			
PAYMENT INFORMATION	REGISTRATION: Fax: (410) 296-8713 (credit card registrations only.)			
PAYMENT TYPE: Personal Company Check: I have enclosed a check payable to MACPA in the amount of \$ Credit Card: VISA Mastercard AMEX I authorize MACPA to charge \$ to my credit card below. 	Mail: MACPA 901 Dulaney Valley Road Suite 710 Towson MD 21204			
Credit Card Number Expiration Date				

CARDHOLDER'S SIGNATURE

PRINT CARDHOLDER'S NAME