

# 2008 CPE Registration Form

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Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

NSCPA Member  Non-CPA Employee of NSCPA Member Cell Phone: (\_\_\_\_) \_\_\_\_\_

Member \_\_\_\_\_  Non Member Email Address: \_\_\_\_\_  
State Society

## How did you find out about Nevada Society of CPAs' classes?

NSCPA CPE Catalog  NSCPA Website  Other Website  NSCPA Newsletter/Flyer  FAX  Other \_\_\_\_\_

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Course Title: \_\_\_\_\_ Course City: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Code: \_\_\_\_\_ Course Date: \_\_\_\_\_ \* Discount(s): \$ \_\_\_\_\_

\*  AICPA Member entitled to \$30 per course day discount on **AICPA Developed** Courses, except Staff Training, ABV Exam, Federal Tax Update and 4-hours courses (see course description). Total: \$ \_\_\_\_\_

Course Title: \_\_\_\_\_ Course City: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Code: \_\_\_\_\_ Course Date: \_\_\_\_\_ \* Discount(s): \$ \_\_\_\_\_

\*  AICPA Member entitled to \$30 per course day discount on **AICPA Developed** Courses, except Staff Training, ABV Exam, Federal Tax Update and 4-hours courses (see course description). Total: \$ \_\_\_\_\_

Course Title: \_\_\_\_\_ Course City: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Code: \_\_\_\_\_ Course Date: \_\_\_\_\_ \* Discount(s): \$ \_\_\_\_\_

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Late fee of \$25 (per class) applies to registrations **RECEIVED** two weeks or less prior to the program date. **Late Fee: \$** \_\_\_\_\_ \*

CT

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## Registration Options



Mail: NSCPA  
5250 Neil Rd., Ste. 205  
Reno, NV 89502  
Attn: Registration



e-mail: [nscpa@nevadacpa.org](mailto:nscpa@nevadacpa.org)  
Please include all of the  
above information.  
Re: Registration



Fax: (775) 826-7942  
Our fax receives  
24-hours a day,  
7 days a week!



Phone: (775) 826-6800  
(800) 554-8254

Web Site: [www.nevadacpa.org](http://www.nevadacpa.org)

For those with special needs  
please call the society office  
and advise a staff member.



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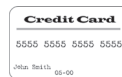
## Payment Information

Total: \$ \_\_\_\_\_

Payment can be made by:



Check: (please mail to NSCPA)



Credit Card:

Charge \$ \_\_\_\_\_ to my:

VISA  Mastercard  American Express

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_