

Registration FORM



Name _____ WICPA ID# _____

Employer _____

Address _____

City/State/Zip _____

Telephone _____

Email (required for confirmation and electronic materials) _____

I prefer a vegetarian meal.

I am an AICPA member.

I have a special need
or disability. _____

Are you: a WICPA member a CPA nonmember working toward a CPA not a CPA

Course Acronym/Date _____ *Green Program Member Fee \$ _____ Nonmember Fee \$ _____

Course Acronym/Date _____ *Green Program Member Fee \$ _____ Nonmember Fee \$ _____

Course Acronym/Date _____ *Green Program Member Fee \$ _____ Nonmember Fee \$ _____

Sessions (if applicable) _____

*Green Programs Only:

will bring a laptop/tablet device will not bring a laptop/tablet device prefer a printed manual (additional \$20 per green program)

Payment method:

Check (payable to WICPA) Total amount enclosed: \$ _____

Charge to MasterCard Visa Total amount to be charged: \$ _____

Name on Card _____

Billing Address _____

City/State/Zip _____

Card # _____

Exp. Date _____ CVV/CVC (3 digits on back of card) _____

Signature _____ Date _____



Mail registrations with payment or credit card information to: WICPA | 235 N. Executive Drive | Suite 200 | Brookfield, WI 53005

Call with credit card information: 262-785-0445 | 800-772-6939 **Website:** www.wicpa.org/registration