

ATTENDEE INFORMATION

NAME MR./MS./MRS.

MEMBER ID #

ARE YOU A CPA? YES NO

FIRM/COMPANY

IF YES, ARE YOU AN NJCPA MEMBER?
YES NO

ADDRESS

IF NOT, TO WHICH STATE CPA SOCIETY
DO YOU BELONG?

CITY

STATE

ZIP

ARE YOU AN AICPA MEMBER?
YES NO

EMAIL

CELL PHONE

LIST YOUR COURSES

COURSE TITLE	CODE	DATE	PRICE
1			
2			
3			
4			
5			
			TOTAL \$ _____

METHOD OF PAYMENT

CHECK MASTERCARD DISCOVER VISA AMERICAN EXPRESS

CREDIT CARD #

EXPIRATION DATE

CARDHOLDER'S NAME

MEMBER DISCOUNT

Pay **MEMBER DISCOUNT PRICE** if you are an NJCPA member, other state society member, or non-CPA sponsored by an NJCPA member.

AICPA MEMBERS SAVE AN EXTRA \$30!

AICPA members deduct an additional \$30 from either member discount or regular price on **AICPA-DEVELOPED COURSES**.

SEND COMPLETED FORM TO:

MAIL

NJCPA Education Foundation,
105 Eisenhower Parkway, Suite 300
Roseland, NJ 07068

**Payment must be included with registration form.
Please complete one form per person.**