



## Registration Form

Complete and submit via e-mail  
or print to fax (785) 272-4468

Program Title	Date	City

KSCPA ID

Full Name

Company/Firm Name

Address    Work or    Home

City, State, ZIP

Daytime Phone (    )

E-mail

### Registration Fee

Member Discount Fee(s)	\$
Full Registration Fee(s)	\$
\$20 Late Fee – Less than 2 wks in advance	\$
<b>TOTAL REMITTANCE</b>	<b>\$</b>

### Payment Options

**Check enclosed**

**Charge to:**

MasterCard    VISA    AmEx    Discover

Card #

Exp.

Cardholder

### Special Accommodation.

If you will need special accommodation, please mark the box and a member of the Continuing Education staff will contact you.



Mail with payment to:

**KSCPA, P. O. Box 4291, Topeka, KS 66604-0291**



Fax: 785-272-4468



Register on line at [www.kscpa.org](http://www.kscpa.org)