



CPE and Event Registration Form

Name: _____ I am a CPA: Yes: _____ No: _____

Firm: _____ I am a member of _____ State Society

Address: _____ I am a member of the AICPA: Yes: _____ No: _____

City: _____ State: _____ Zip: _____ • AICPA Membership Number: _____

Firm Tel: _____ Home Tel: _____ Check ___ Visa ___ MasterCard ___ Amex ___

Email: _____ Credit Card# _____

Special Needs: _____ Expiration Date: _____ Total Charge: \$ _____

Course ID	Title	Date	Credit Hours	Price	RISCPA Use Only
	I will attend Membership Day: YES or NO	10/03/2019		\$0	
	TOTAL AMOUNT DUE			\$ _____	
	Plan & Save Discount - Register for 40 Hours of CPE by June 30th and save \$100. RISCPA Members only.		40	(\$100)	
Total Amount Due with Discount				\$ _____	

Mail: RI Society of CPAs
40 Sharpe Drive, Unit 5
Cranston, RI 02920

Fax: (401) 454-5780

If you need to cancel or transfer a seminar, please refer to www.riscpa.org/education/policies-and-regulations.