



CPE and Event Registration Form

40 Sharpe Drive, Unit 5
 Cranston, RI 02920
 office: (401) 331-5720
 fax: (401) 454-5780

Name: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Firm Tel: _____ Home Tel: _____

Email: _____

Special Needs: _____

I am a CPA: Yes: _____ No: _____

I am a member of _____ State Society

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

- AICPA Membership Number: _____

Payment Options:

- Mail form with Check payable to RISCPA
- *Email to RISCPAMembers@RISCPA.org
- *Fax to (401) 454-5780
- *Please include phone number for RISCPA staff to call for Credit Card payment.

Plan & Save Discount: RISCPA Member Benefit Register for 40 hours of CPE by June 30, 2020 and save \$100

Course ID	Title	Date	Credit Hours	Price	RISCPA Use Only
TOTAL AMOUNT DUE				\$ _____	
Plan & Save Discount - Register for 40 Hours of CPE by June 30, 2020 and save \$100. RISCPA Members only.				40	(\$100)
Total Amount Due with Discount				\$ _____	

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