



# Continuing Professional Education Registration

Mail this form and payment to: The Mississippi Society of Certified Public Accountants

306 Southampton Row, Ridgeland, MS 39157

or fax to: 601-856-8255 Phone: 601-856-4244 In-state: 800-772-1099

If you have special needs under the Americans with Disability Act, attach a written description, call us, or email [ellen@ms-cpa.org](mailto:ellen@ms-cpa.org) or [marty@ms-cpa.org](mailto:marty@ms-cpa.org)



Please print or type – one form per person. Form may be reproduced for multiple registrations.

## PERSONAL INFORMATION

Last Name		First Name		M.I.		<b>REFUND POLICY:</b> You will receive a full refund if cancellation is made seven calendar days prior to the scheduled date of the event. If you cancel within the seven days, a 50% refund will be made. No refunds are made for same-day cancellations or for no-shows. However, you may substitute another person from your office.  <b>PHOTO POLICY:</b> MSCPA or its contractors may be photographing or videotaping MSCPA events. Attendees agree to allow their image to be used in MSCPA publications, web site, marketing materials, and the media. Attendance at MSCPA events waives the MSCPA from liability resulting from these uses.
Firm / Employer						
Address						
City		State		Zip		
Business Phone			Business Fax			
Email Address (for registration confirmation)			State License Number			
<input type="checkbox"/> Please check if information has recently changed and needs to be updated in your member record.						
Are you a CPA? <input type="checkbox"/> Yes <input type="checkbox"/> No    Are you a member of the MSCPA? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If "No", join now and save!) Call us at 601-856-4244 or go to our web site for an application: <a href="http://www.ms-cpa.org">www.ms-cpa.org</a> . Applications in progress qualify for the member rate.						
Are you a member of the AICPA? <input type="checkbox"/> Yes <input type="checkbox"/> No    AICPA Member Number: _____ (Required for discount; subject to verification)						

## DESIRED CPE EVENTS

Course Date	City	Course Title	Course Acronym	Course Fee		Adjustment * AICPA Discount	Subtotal
				MSCPA Member	Non-Member		
		<b>TOTAL</b>					<b>\$</b>

CPAs who are members of the MSCPA may register at the "member" rate. **Non-CPA staff may also register at the "member" rate.** CPAs who are not a member of the MSCPA or other State Society may participate by registering at the Non-Member rate. Please include the qualifying discount(s) when registering for events.

\* CPAs who are a member of the AICPA may deduct \$30 per day from 8- or 16-hour AICPA seminars. (These are identified in the CPE Catalog). This discount must be taken at the time of registration. Non-CPA staff are not eligible for this discount. Seminars from other vendors are not eligible.

**PAYMENT INFORMATION:** Check: I have enclosed a check payable to MSCPA in the amount of \$ \_\_\_\_\_

Credit Card:  MC  Visa  Discover  AMEX

BILLING ADDRESS FOR CREDIT CARD: Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please Indicate:  Personal Card  Firm / Company Card I authorize the MSCPA to charge \$ \_\_\_\_\_ to the credit card below:

										Month	Year	CCID Number *			
										Expiration Date					

\* The Credit Card ID Number (CCID) is located on the back of MasterCard, Visa and Discover credit or debit cards and is typically a separate group of 3 digits to the right of the signature strip. On American Express cards, the Card Security Code is a printed (NOT embossed) group of 4 digits on the front towards the right.

PRINT CARDHOLDER'S NAME \_\_\_\_\_

CARDHOLDER'S SIGNATURE \_\_\_\_\_