

South Dakota CPA Society CPE Registration Form

(Please duplicate this form as needed)

Name _____
Company _____
Address _____ State: _____
City _____ Zip: _____
Phone: _____
Email: _____

SD CPA Member? Yes No AICPA Member # _____

CPA? Yes No

- Sole Practitioner, Shareholder, Partner
 CPA Firm Staff Industry
 Staff Government, Education

Course _____

Course Date _____

Session Choices _____

Cash Amount Enclosed \$ _____

Charge: Visa MasterCard Discover

Acct. # _____ Exp. _____

Name on Card _____

Billing Address _____ Billing Zip: _____

Make checks payable to **SDCPAS** and mail to:

South Dakota CPA Society
PO Box 1798, Sioux Falls, SD 57101-1798
Telephone: (605) 334-3848 Fax: (605) 334-8595
www.sdcpa.org

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