South Dakota CPA Society CPE Registration Form

(Please duplicate this form as needed)

Name _____

Company _____

Address _____State: _____

City _____ Zip: _____

Phone: _____

After Hours Phone: _____

Email: _____

SD CPA Member? □ Yes □ No

CPA? □ Yes □ No AICPA Member # _____

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

Course _____

Course Date _____

□ 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
5024 South Bur Oak Place, Suite 108
Sioux Falls, SD 57108
Telephone: (605) 334-3848 Fax: (605) 334-8595

South Dakota CPA Society CPE Registration Form

(Please duplicate this form as needed)

Name _____

Company _____

Address _____State: _____

City _____ Zip: _____

Phone: _____

After Hours Phone: _____

Email: _____

SD CPA Member? □ Yes □ No

CPA? □ Yes □ No AICPA Member # _____

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

Course _____

Course Date _____

□ 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
5024 South Bur Oak Place, Suite 108
Sioux Falls, SD 57108
Telephone: (605) 334-3848 Fax: (605) 334-8595

South Dakota CPA Society CPE Registration Form

(Please duplicate this form as needed)

Name _____

Company _____

Address _____State: _____

City _____ Zip: _____

Phone: _____

After Hours Phone: _____

Email: _____

SD CPA Member? □ Yes □ No

CPA? □ Yes □ No AICPA Member # _____

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

Course _____

Course Date _____

□ 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
5024 South Bur Oak Place, Suite 108
Sioux Falls, SD 57108
Telephone: (605) 334-3848 Fax: (605) 334-8595