

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

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