South Dakota CPA Society CPE Registration Form

(Please duplicate this form as needed)

Name	Course	Course				
Company		Course Date				
Address	State:	□ Cash	Amount Enclosed \$			
City	Zip:	Charge:	□Visa	□ MasterCard	□ Discove	
Phone:	Acct. #		E	ф		
After Hours Phone:		Name on Card _				
Email:			Billing AddressBilling Zip:			
SD CPA Member? ☐ Yes	□ No					
CPA? ☐ Yes ☐ No	AICPA Member #	Make che	Make checks payable to SDCPAS and mail to:			
		South Dakota CPA Society			00	
☐ Sole Practitioner, Shareholder, Partner		5024 South Bur Oak Place, Suite 108 Sioux Falls, SD 57108				
□ CPA Firm Staff□ Staff	☐ Industry☐ Government, Education	Telephone:	Telephone: (605) 334-3848 Fax: (605) 334-8595			
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CPA? ☐ Yes ☐ No	AICPA Member #			ota CPA Society		
□ Sole Practitioner, Share	sholder Partner			Oak Place, Suite 1	08	
☐ CPA Firm Staff		Sioux Falls, SD 57108				
□ Staff	IndustryGovernment, Education	Telephone:	(605) 334-	3848 Fax: (605) 3	34-8595	
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	Zip:	Charge:			□ Discove	
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				Billing		
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		Make che	ecks payable	e to SDCPAS and ma	ail to:	
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☐ CPA Firm Staff	□ Industry		Sioux Falls, SD 57108			
□ Staff	☐ Government, Education	Telephone:	Telephone: (605) 334-3848 Fax: (605) 334-8595			