

Course & Conference Registration

(Please Copy Registration Form as Needed)

Name _____ Certificate # _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email* _____

**Course confirmation will be sent to your valid email address*

Memberships: ☐ ARCPA

☐ Other state CPA society _____

State _____

Special Needs: _____ Dietary Requests _____

CPE Materials

Course fee includes *electronic manual*. The manuals will be available approximately one week prior to each course. We recommend downloading the manuals prior to the course date. After each course, the electronic manuals will be available on the website for 7 days. PRINTED MATERIALS WILL NO LONGER BE AVAILABLE.

Course Title/ Acronym	Date	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subtotal: _____

Total Amount Enclosed : _____

Cancellation Policy:

Full refund, less a \$10 service charge will be made if notice of cancellation is received at least 60 days prior to the course or conference date. Full refund, less a \$25.00 service charge will be made if notice of cancellation is received between 10 and 60 days prior to the course or conference date. NO REFUND WILL BE MADE IF NOTICE OF CANCELLATION IS RECEIVED LESS THAN 10 DAYS PRIOR TO THE COURSE OR CONFERENCE DATE.

Registration with Payment by mail: ARCPA, 11300 Executive Center Drive, Little Rock, AR 72211-4352

Registration with Credit Card payment:

FAX: (501)664-8320

PHONE: (501)664-8739 or

☐ Master Card ☐ Visa ☐ American Express

WEB SITE: www.arcpa.org

(800)482-8739 in Arkansas

Card # _____ Expiration Date _____

Signature _____