## Course & Conference Registration ARCPA



			Certificate #		
Firm Name					
			State	Zip	
Phone		Email*			
			*Course confirmation will	be sent to your vali	d email address
Memberships:					
	☐ Other state	CPA societyState	<del> </del>		
Special Needs:		<del></del>	Dietary Requests		
We recommend	downloading the	manuals prior to the cou	pe available approximately rse date. After each course LS WILL NO LONGER BI	e, the electronic m	
Course Title/ Acronym				Date	Fee
				<del></del>	
				Subtotal:	
			**AICPA Discou	ınt (if applicable)	_
				nount Enclosed: _	
AI	CPA Discount is \$	30 off the course fee and	d is ONLY for AICPA memb	ers on courses de	noted with **
			ring at least <u>14 days</u> prior		
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