

2010 CPE Registration Form

1

Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: (____) _____ Fax Number: (____) _____

NVCPA Member Non-CPA Employee of NVCPA Member Cell Phone: (____) _____

Member _____ Non Member Email Address: _____
State Society

How did you find out about Nevada Society of CPAs' classes?

NVCPA CPE Catalog NVCPA Website Other Website NVCPA Newsletter/Flyer FAX Other _____

2

Course Title: _____ Course City: _____ Fee: \$ _____

Code: _____ Course Date: _____ * Discount(s): \$ _____

* AICPA Member entitled to \$30 per course day discount on Courses, except Staff Training and 4-hours courses (see course description). **AICPA Developed** Total: \$ _____

Course Title: _____ Course City: _____ Fee: \$ _____

Code: _____ Course Date: _____ * Discount(s): \$ _____

* AICPA Member entitled to \$30 per course day discount on Courses, except Staff Training and 4-hours courses (see course description). **AICPA Developed** Total: \$ _____

Course Title: _____ Course City: _____ Fee: \$ _____

Code: _____ Course Date: _____ * Discount(s): \$ _____

* AICPA Member entitled to \$30 per course day discount on Courses, except Staff Training and 4-hours courses (see course description). **AICPA Developed** Total: \$ _____

Late fee of \$25 (per class) applies to registrations
RECEIVED two weeks or less prior to the program date. **Late Fee: \$** _____ *

3

Registration Options



Mail: NVCPA
 750 Sandhill Road, Ste. 120
 Reno, NV 89521
 Attn: Registration



e-mail: register@nevadacpa.org
 Please include all of the
 above information.
 Re: Registration



Fax: (775) 826-7942
 Our fax receives
 24-hours a day,
 7 days a week!



Phone: (775) 826-6800
 (800) 554-8254

Web Site: www.nevadacpa.org

For those with special needs
 please call the society office
 and advise a staff member.

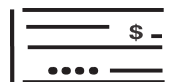


4

Payment Information

Total: \$ _____

Payment can be made by:



Check: (please mail to NVCPA)



Credit Card:

Charge \$ _____ to my:

VISA Mastercard AMEX Discover

Card No. _____

Exp. Date _____

Signature: _____