

### ATTENDEE INFORMATION

NAME MR./MS./MRS.

MEMBER ID #

ARE YOU A CPA? YES  NO

FIRM/COMPANY

IF YES, ARE YOU AN NJCPA MEMBER?

YES  NO

ADDRESS

ARE YOU AN AICPA MEMBER?

YES  NO

CITY

STATE

ZIP

EMAIL

CELL PHONE

### LIST YOUR COURSES

COURSE TITLE	CODE	DATE	PRICE
1			
2			
3			
4			
5			
			TOTAL \$ _____

### METHOD OF PAYMENT

CHECK

MASTERCARD

DISCOVER

VISA

AMERICAN EXPRESS

CREDIT CARD #

EXPIRATION DATE

CARDHOLDER'S NAME

#### MEMBER DISCOUNT

Pay **MEMBER DISCOUNT PRICE** if you are an NJCPA member or non-CPA sponsored by an NJCPA member.

#### AICPA MEMBERS SAVE AN EXTRA \$30!

AICPA members deduct an additional \$30 from either member discount or regular price on **AICPA-DEVELOPED COURSES**.

#### SEND COMPLETED FORM TO:

##### MAIL

NJCPA Education Foundation,  
105 Eisenhower Parkway, Suite 300  
Roseland, NJ 07068

**Payment must be included with registration form.  
Please complete one form per person.**