

REGISTRATION FORM

Member ID No. _____ AICPA ID No. _____

Full Name _____ Name to Greet by _____

Firm/Company _____

Work Phone No. _____ Fax No. _____

E-mail _____

Street Address (no P.O. Boxes) _____ Work/Home (circle) _____

City _____ State _____

County _____ Zip _____

Course Date	Course Title	City	Credit	Price
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Subtotal _____

Total (minus 25% discount) _____

- I am a member of INCPAS or the AICPA registering for at least 40 hours of CPE. I wish to take advantage of the Value Plus discount.
- I am a member of INCPAS or the AICPA registering for less than 40 hours of CPE. I **do not qualify** for the Value Plus discount.
- I am **not** a member of INCPAS or the AICPA registering for at least 40 hours of CPE. I wish to take advantage of the Value Plus discount.
- I am **not** a member of INCPAS or the AICPA registering for less than 40 hours of CPE. I **do not qualify** for the Value Plus discount.



Method of Payment (payment must accompany registration)

Method of Payment AMEX Discover MasterCard Visa Check

Credit Card No. _____ Expiration Date _____

Name Indicated on Card _____ Signature _____

**To participate in the Value Plus Program, registration forms must be received by Aug. 29, 2008.
Valid only when registering for at least 40 hours of CPE.**

I have read the Value Plus Program Policies and I agree to abide by them. I understand that if I fail to follow these policies, my participation in the program will be revoked.

Signed: _____

Payment must be submitted with the registration form. Make checks payable to: Indiana CPA Society, P.O. Box 40069, Indianapolis, IN 46240-0069. You may also register by phone: (317) 726-5000 or 1-800-272-2054 or fax (317) 726-5005. For more information, e-mail: info@incpas.org or go to incpas.org.