



MEMBER ID NO. _____ FULL NAME _____

NAME TO GREET BY _____ FIRM/COMPANY _____

WORK PHONE NO. _____ FAX NO. _____

EMAIL _____ WORK / HOME (circle)

STREET ADDRESS *no P.O. Boxes* _____

CITY _____ STATE _____ ZIP CODE _____



- I am not participating in the 2017 FlexPass Program.
- I am participating in the 2017 FlexPass Program; I have read the policies and agree to abide by them. I understand that if I fail to follow these policies, my participation in the program will be revoked. *For the policies, please refer to incpas.org/flexpass*

Select your package(s): 16-hour FlexPass package **\$575** 24-hour FlexPass package **\$850** _____ TOTAL

SIGNATURE _____

USING FlexPass (Y/N)	COURSE DATE	COURSE TITLE	CITY	PRICE

TOTAL _____

DON'T PAY NONMEMBER PRICES? JOIN TODAY TO TAKE ADVANTAGE OF MEMBER PRICING [INCPAS.ORG/JOIN](http://incpas.org/join).

Method of Payment AMEX Discover MasterCard Visa Check

CREDIT CARD NO. _____ EXP. DATE _____ CVV# (last 3 digits on back of card) _____

NAME INDICATED ON CARD _____ SIGNATURE _____

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, email: info@incpas.org or go to incpas.org.