MACPA Registration Form

MARYLAND Association of CPAs

1 SEMINARS/PRODUCTS

Course Date	Event Title / Product Name	Event ID / Product Code	Location	Early bird fees expire 30 days prior to event date. Fee	SUBTOTAL
					$
					$
					$
					$
					$
					$
					$
					$
DISCOUNTS ARE SUBJECT TO VERIFICATION. TOTAL WILL BE ADJUSTED IF APPLICABLE.				GRAND TOTAL	$

2 CLASSIFICATION: Membership numbers and other information is REQUIRED to receive discounts.

MACPA Members & Affiliates: The following classifications are eligible to receive the member fee.

Select your classification(s) below (check all that apply), and then on the right of the arrow, provide info that corresponds to your selection.

❑ MACPA Member → Membership # ☐☐☐☐☐☐☐ OR State Certificate # ☐☐☐☐☐☐☐

- or -

❑ Member of another state CPA society. → Membership # ☐☐☐☐☐☐☐ State ☐☐

- or -

❑ *Non-CPA clients or colleagues of an MACPA member → Member name or their MACPA membership #:

- and -

❑ Member of AICPA - AICPA members will receive a $30 discount on eight-hour AICPA courses. Be sure to include this discount in your total for AICPA courses only. (Event codes ending in "A" denotes an AICPA course.) → AICPA membership # ☐☐☐☐☐☐☐

NON-MEMBERS
Non-member fee applies

❑ I am a non-CPA and do not have a referral from an MACPA member.
❑ I am a CPA but not a member of MACPA or another state CPA society.

CPAs! Join and save $100 on each day of instruction and receive discounts on products. Call us at 800-782-2036 or www.macpa.org

3 PERSONAL INFORMATION

NAME _____ COMPANY NAME _____

ADDRESS _____ SUITE NO _____ CITY/STATE/ZIP _____

PHONE (please include area code) _____ FAX (please include area code) _____ E-MAIL ADDRESS _____

SPECIAL NEEDS/QUESTIONS: Please call the Member Service Center for special needs, questions, or to register.
Local: 410-296-6250
Outside Baltimore area: 800-782-2036
Policies & General Information: www.macpa.org/generalinfo.

REGISTRATION: Fax: (410) 296-8713 credit card registrations only
Mail: MACPA • P.O. Box 17312 • Baltimore, MD 21297-1312

4 PAYMENT INFORMATION

PAYMENT TYPE: ❑ Personal ❑ Company

PAYMENT METHOD: ❑ Check: I have enclosed a check payable to MACPA in the amount of $_____

❑ Credit Card: ❍ VISA ❍ Mastercard ❍ AMEX

I authorize MACPA to charge $_____ to my credit card below.

☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐ ☐☐-☐☐-☐

Credit Card Number Expiration Date

CARDHOLDER'S SIGNATURE _____ PRINT CARDHOLDER'S NAME _____