



**Texas Society of
Certified Public Accountants
CPE Foundation**

CPE REGISTRATION FORM – FOR MAIL OR FAX

Name: _____

CPA Certificate #: _____

Firm: _____

Address: _____

City: _____ State & Zip Code: _____

Business phone: _____ Mobile or Home phone: _____

E-mail: _____

Check one category:	
<input type="checkbox"/> Pay member fee if you are a TSCPA member, other state society member, or non-CPA staff of a member of TSCPA. Society Name: : _____	<input type="checkbox"/> Pay nonmember fee if you are licensed in Texas but are not a member of TSCPA
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Total Program Price: \$_____

I have special needs under the Americans with Disabilities Act. ** Attach a written description.

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Card Number: _____

Card Expiration Date: ____/____/____ Charge Amount: \$_____

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Mail your payment & registration form to:

TSCPA CPE Foundation
P.O. Box 797308
Dallas, Texas 75379

Fax to:

800.207.0273
In Dallas: 972.687.8696

TSCPA CPE InfoLine at 800.428.0272 (972.687.8500 in Dallas) for more information.