



**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:**

Pay **member fee** if you are a TSCPA member, other state society member, or non-CPA staff of a member of TSCPA.

Pay **nonmember** fee if you are licensed in Texas but are **not** a member of TSCPA

Society Name: \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Number: \_\_\_\_\_

Program Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program City: \_\_\_\_\_

Program Price: \$ \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Number: \_\_\_\_\_

Program Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program City: \_\_\_\_\_

Program Price: \$ \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Number: \_\_\_\_\_

Program Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program City: \_\_\_\_\_

Program Price: \$ \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Number: \_\_\_\_\_

Program Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program City: \_\_\_\_\_

Program Price: \$ \_\_\_\_\_

**Total Program Price: \$ \_\_\_\_\_**

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

Payment Method (select one)

Check  American Express  Visa  MasterCard

Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Charge Amount: \$\_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Mail your payment & registration form to:**

TSCPA CPE Foundation  
14651 Dallas Parkway, Suite 700  
Dallas, Texas 75254-7408

**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.**