



CPE Multiple Registrant Form

COMPANY _____
 DATE _____

REGISTRANT INFO

CLASSIFICATION: Membership numbers and other information are required to receive discounts. REMINDER: To receive early bird discounts, registration AND payment must be received at least three weeks before the event date.

REGISTRANT INFO	EVENT DATE	COURSE CODE	EVENT TITLE	EVENT FEE	DISCOUNT	SUB-TOTAL	
Name _____ E-Mail _____ <input type="checkbox"/> SCACPA Member # _____ <input type="checkbox"/> AICPA Member # _____ <input type="checkbox"/> Other State CPA Society Member #/ State _____ <input type="checkbox"/> Non-member						\$	
Name _____ E-Mail _____ <input type="checkbox"/> SCACPA Member # _____ <input type="checkbox"/> AICPA Member # _____ <input type="checkbox"/> Other State CPA Society Member #/ State _____ <input type="checkbox"/> Non-member						\$	
Name _____ E-Mail _____ <input type="checkbox"/> SCACPA Member # _____ <input type="checkbox"/> AICPA Member # _____ <input type="checkbox"/> Other State CPA Society Member #/ State _____ <input type="checkbox"/> Non-member						\$	
Name _____ E-Mail _____ <input type="checkbox"/> SCACPA Member # _____ <input type="checkbox"/> AICPA Member # _____ <input type="checkbox"/> Other State CPA Society Member #/ State _____ <input type="checkbox"/> Non-member						\$	
Name _____ E-Mail _____ <input type="checkbox"/> SCACPA Member # _____ <input type="checkbox"/> AICPA Member # _____ <input type="checkbox"/> Other State CPA Society Member #/ State _____ <input type="checkbox"/> Non-member						\$	
Name _____ E-Mail _____ <input type="checkbox"/> SCACPA Member # _____ <input type="checkbox"/> AICPA Member # _____ <input type="checkbox"/> Other State CPA Society Member #/ State _____ <input type="checkbox"/> Non-member						\$	
DISCOUNTS ARE SUBJECT TO VERIFICATION. Total will be adjusted if applicable.						TOTAL	\$

A participant list will be provided to registrants attending the events upon request. Please check the following box to opt out of the listing:

PAYMENT INFORMATION

Firm/Company _____ Contact Name _____

Address _____ City, State, Zip _____

Phone _____ Fax _____ E-mail _____

Please check box if information above is different from what is currently on file.

Method of Payment:

Check Enclosed in the amount of \$ _____ Choice Card Coupon #(s): _____

VISA MC AMEX DISCOVER Total Amount \$ _____

Card Number _____ - _____ - _____ - _____ CCV# _____ Exp. Date ____ - ____

Cardholder Signature _____ Print Cardholder's Name _____

Billing Address _____ City, State, Zip _____

Special Needs/Questions

Contact the SCACPA CPE Team
(803) 791-4181 ext. 110 or 112
or

cpe@scacpa.org

How to Register:

Online: www.scacpa.org

Fax: (803) 791-4196 (credit card and choice card registrations only)

Mail: SCACPA, 570 Chris Drive,
West Columbia, SC 29169

Registration Information

Registration Fees

- Early Bird – SCACPA members who register with payment at least three weeks prior to the event date.
- Regular Member – SCACPA members who register with payment less than three weeks prior to the event date and other state CPA society members .
- Non-Member – Anyone who is not a member of SCACPA or any other state CPA society.

Registration Discounts

- AICPA Discount – Course codes ending with an “A” provide a \$30 discount per course day for AICPA members (i.e., two day courses receives a \$60 discount).
- Firm Discount – A firm with five or more registrants for the same course is eligible for a \$15 discount. The course fee must be \$285 or greater to qualify for the firm discount. Discounted courses such as bonus workshops, satellite courses, webcasts, co-sponsored courses are excluded. Registrations must be received at the same time and the discount deducted from the appropriate fee (early bird, regular, non-member).
- Choice Card – The SCACPA Choice Card is available to SCACPA **members only**. Pay only **\$1000** for 40 hours of CPE – less than \$26 per hour! Any SCACPA member can purchase the Choice Card, and the card is transferable to any **SCACPA member of the firm or company**. The Choice Card is only good for one year, and available on all SCACPA courses except events co-sponsored by other vendors and courses less than 4 credit hours. **No exceptions**. Fill out the form below to start saving with the SCACPA Choice Card!

Substitutions, Transfers, Cancellations, No Shows & Late Arrivals

Substitution, transfers and cancellations **will not** be accepted by phone. These items **must be in writing** and emailed to cpe@scacpa.org, faxed to (803) 791-4196, or mailed to SCACPA, 570 Chris Drive, West Columbia, SC 29169 **before** the event date. You will receive confirmation of your request via e-mail, fax or phone within one day.

If you do not, it is **your responsibility** to verify that SCACPA received the request. Any balance after a transfer or cancellation may be applied to another program or refunded.

The following fees apply:

- **Substitution:** A registrant may substitute another individual up to the first morning of the program without penalty. The CPE Department must be notified of any substitutions, either at registration the first morning of the course, or in writing prior to the date of the program. The substitute is subject to the member/non-member fee policy, and any differences in fees must be paid at the time of substitution.
- **Transfer:** A registrant may transfer their registration to another program. However, registrants transferring less than one week before the program date are required to pay a \$25 transfer fee. Transfers must occur before the program date.
- **Cancellation:** A registrant may cancel a registration. However, cancellations requested more than one week before the program date are subject to a \$50 cancellation fee. Cancellations requested less than one week before the program date forfeit the entire registration fee. Cancellations must be received before the program date.
- **No-Show:** A registrant who does not attend a program is considered a no-show and forfeits their entire registration fee and course materials. To avoid being a no-show please follow the transfer/cancellation guidelines before the program date. No-shows are not entitled to course materials, transfers, money on account or refunds at any time.
- **Late Arrival:** Your seat and program materials will be held for 60 minutes after the event begins. If you have not notified SCACPA by 9:30 a.m. that you are still going to attend, your course materials may be given to another individual who is present and wishes to register for the class. If you arrive later, you may attend the class (space permitting) and will receive your book at the earliest possible date after the program.

SCACPA Choice Card

Mail payments to SCACPA, 570 Chris Dr., West Columbia, SC 29169 or fax (credit card payments only) to (803) 791-4196.

Start saving on your CPE today! Take advantage of the SCACPA Choice Card. Fill out the following form and return it to SCACPA.

Yes, I choose the Choice Card for more affordable CPE! Please reserve ____ CPE Choice Cards for \$1000 each.

I understand that my Choice Card expires December 31, 2010.

Firm/Company _____ Contact Name _____
Address _____ City, State, Zip _____
Phone _____ Fax _____ E-mail _____

Method of Payment: Check Enclosed VISA MC AMEX DISCOVER

Total Amount \$ _____ Card Number _____ CCV# _____ Exp. Date _____

Cardholder Signature _____ Print Cardholder's Name _____

Billing Address _____ City, State, Zip _____