Register online at: www.mocpa.org

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MOCPA
Missouri Society of Certified Public Accountants

CPE REGISTRATION FORM

PLEASE TYPE OR PRINT LEGIBLY

NAME   Member #/ User ID

_____

FIRM/COMPANY

_____

ADDRESS   ☐BUSINESS   ☐HOME

_____

CITY STATE ZIP

_____

DIRECT PHONE   DIRECT FAX

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EMAIL ADDRESS

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☐ THE ABOVE INFORMATION REFLECTS A CHANGE

SEMINAR INFORMATION

COURSE TITLE #1   COURSE CODE

_____

LOCATION   DATE   FEE

_____

COURSE TITLE #2   COURSE CODE

_____

LOCATION   DATE   FEE

_____

COURSE TITLE #3   COURSE CODE

_____

LOCATION   DATE   FEE

_____

COURSE TITLE #4   COURSE CODE

_____

LOCATION   DATE   FEE

_____

MEMBERSHIP INFORMATION

The below information is needed to process registration:

I am a (please check ALL that apply)
- ☐ MOCPA Member
- ☐ AICPA Member (See course For applicable discount)
- ☐ Other State Society Member
- ☐ Non-CPA Staff of a Society Member
- ☐ CPA
- ☐ Attorney
- ☐ Other_____

*Please pay the member fee if you are a MOCPA member, a member of another state society, attorney or non-cpa staff member.

PAYMENT INFORMATION

- ☐ Check
- ☐ Mastercard
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- ☐ Personal
- ☐ Company

Payment Total $_____

Card Number

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Name as it appear on Card

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If you need special accommodation at the course, please notify the society at least two weeks before the event so that we may adequately assist you.

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MOCPA Educational Foundation
P.O Box 797013
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