



CPE Registration Form

(or register online at www.cocpa.org)

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Mobile Phone _____

Email Address _____

Address is: Firm/Company Home Changed

I am a member of: COCPA–Membership # _____ AICPA–Membership* # _____

*Please remember: If you're a current AICPA member, deduct \$30 on each 8-hour AICPA-produced course

Special needs I would like COCPA to be aware of: _____

In-class attendees: Get a \$10 discount when you purchase a downloadable PDF of the book instead of a printed version.
Not applicable to Don Farmer courses or webcasts.

Please register me for: *(If you want the course via webcast, please indicate this with a WC near the title. Thank you.)*

Course Title _____ Course Date _____ Fee _____ PDF (-\$10) _____

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Course Title _____ Course Date _____ Fee _____ PDF (-\$10) _____

Course Title _____ Course Date _____ Fee _____ PDF (-\$10) _____

Course Title _____ Course Date _____ Fee _____ PDF (-\$10) _____

Total Registration Fee _____

I have enclosed a check.

Charge _____ to my Visa MasterCard Discover American Express

It is a: Company-issued card Personal card

Card Number _____ Name of Cardholder _____ Exp _____

Print Name _____ Signature _____

Return to: Colorado Society of CPAs, 7887 E Belleview Ave., Suite 200, Englewood, CO 80111

303-773-2877 • 800-523-9082 • 303-773-6344 (fax)

Cancellation/Transfer Policy

- Cancellation or transfer requests made 6 business days or more prior to the program, no fee assessed.
- Cancellation or transfer requests made 2 to 5 business days prior to the program, \$25 fee assessed.
- Cancellation or transfer requests made 1 business day prior to the program, \$50 fee assessed.
- No notice of cancellation, 100% course fee assessed.

Volume-Buying Registration Form for Members Only

Now that you've made your CPE selections for the year, don't procrastinate—classes fill quickly—register today! Not only will you be gaining valuable professional knowledge all year long, but you'll be saving money in the process. **As a COCPA member, the more 8-hour courses you register for at the same time, the more you save.** Multiple members of the same firm are welcome to use this volume-buying discount. Courses must be a minimum of 8 credit hours and all 16-hour courses count as one course.

Please indicate the appropriate type of volume-buying registration:

Individual Member Registration Corporate (with Multiple Members) Registration

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Mobile Phone _____

Email Address _____

Special Needs _____

I am a member of: COCPA—Membership # _____ AICPA—Membership* # _____

*Please remember: If you're a current AICPA member, deduct \$30 on each 8-hour AICPA-produced course

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Please register me for: *(If you want the course via webcast, please indicate this with a WC near the title. Thank you.)*

1	Course Title _____	Course Date _____	Fee _____
	Member Name _____	Member Number _____	PDF (-\$10) _____
2	Course Title _____	Course Date _____	Fee _____
	Member Name _____	Member Number _____	PDF (-\$10) _____
3	Course Title _____	Course Date _____	Fee _____
	Member Name _____	Member Number _____	PDF (-\$10) _____
4	Course Title _____	Course Date _____	Fee _____
	Member Name _____	Member Number _____	PDF (-\$10) _____
5	Course Title _____	Course Date _____	Fee _____
	Member Name _____	Member Number _____	PDF (-\$10) _____
6	Course Title _____	Course Date _____	Fee _____
	Member Name _____	Member Number _____	PDF (-\$10) _____
7	Course Title _____	Course Date _____	Fee _____
	Member Name _____	Member Number _____	PDF (-\$10) _____
8	Course Title _____	Course Date _____	Fee _____
	Member Name _____	Member Number _____	PDF (-\$10) _____

Total Registration Fee _____

Courses must be a minimum of 8 credit hours and all 16-hour courses count as one course.

Applicable Volume-Buying Discount* (members only)

Registering for 3-5 courses: 45

Registering for 6-7 courses: 96

Registering for 8 courses: 136

Less Volume Discount _____

Total Amount Due _____

**Discount not available for outside vendor webinars.*

I have enclosed a check.

Charge _____ to my Visa MasterCard Discover American Express

It is a: Company-issued card Personal card

Card Number _____ Name of Cardholder _____ Exp _____

Print Name _____ Signature _____

Return to: Colorado Society of CPAs, 7887 E Belleview Ave., Suite 200, Englewood, CO 80111

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