



TXCPA AUSTIN CPE REGISTRATION FORM

Name: _____ CPA Certificate #: _____

Company Name: _____

Address: _____

City, State, Zip Code: _____

E-mail: _____ Phone: _____

Check one category:

Member Fee: TXCPA members or non-CPA staff of a TXCPA member

Non-Member Fee: CPAs licensed in Texas but are **not** a member of TXCPA

Course Title: _____ Date: _____ Course Number: _____ Fee: \$ _____
Course Title: _____ Date: _____ Course Number: _____ Fee: \$ _____
Course Title: _____ Date: _____ Course Number: _____ Fee: \$ _____

TOTAL FEE: \$ _____

Payment Method: Check Credit Card (Visa, MC, AMEX, Discover accepted)

Card Number: _____ Exp Date: _____ CCV: _____

Cardholder's Name: _____

Cardholder's Signature: _____

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

Email complete form to: lmedrano@tscpa.net – or – Mail your payment and registration form to:

TXCPA Austin CPE Foundation

3305 Northland Dr Ste 406

Austin, Texas 78731

The Austin CPA Continuing Professional Education Foundation Tax ID: 74-2195471