Group Registration Form

	Course Name:					
((0),	Course Code: Date:	-	Mambau ć	Price	Registrants	Ś
	Start Time:	-	Non-Member: \$		- x = = = =	÷
ILLINOIS CPA SOCIETY»	Start Time.		ivon-ivienibei. Ş		_ ^ = Subtotal:	\$ \$
www.icpas.org	Firm Administrator:				MOA/Coupons:	\$
	Email/Phone:				Grand Total:	\$
Registrant Details: Can be us	sed for up to 10 people from the	same firm/event. Please provide individual emai	addresses for confirmatio	ns and comple	etion certificates.	
First	MI Last	Email	ICPAS ID	Member?	AICPA Member?	Sessions/Track
1						
2						
3						
4						
-						
6						
7						
0						
0						
10						
Company/Firm:			City, State:			
Method of Payment:	_Check: Payable to Illinois CPA Society (Mail registrations only)		VisaMasterCard _	_American E	xpressDiscover	
Name on Card:			Card Number:			
Signature:			Expiration:		CVC:	

Cancellation Policy: No refunds will be given for program registrations unless the Illinois CPA Foundation cancels or reschedules the program is canceled or rescheduled, you will be notified 5 working days prior to the scheduled date by phone and/or email. If a registrant notifies the Illinois CPA Foundation of their cancellation from a program at least 24 hours prior to the program date, the registrant may transfer the fees to another program as long as the new program will take place within 12 months of the registrant's cancellation date. A registrant may substitute another person for their registration until the morning of the program. Notification of registrant cancellation less than 24 hours prior to the program date will result in the forfeiture of the registration fees.