

Individual Registration Form



ILLINOIS CPA SOCIETY®
www.icpas.org

Course Code	Course Name	Date	Start Time	Price
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Firm Administrator: _____

Email/Phone: _____

Subtotal: \$ _____
MOA/Coupons: \$ _____
Grand Total: \$ _____

Registrant Information: Please include email address for confirmations and completion certificates.

First	MI	Last	Email	ICPAS ID	Member?	AICPA Member?	Sessions/Track
_____	_____	_____	_____	_____	_____	_____	_____

Company/Firm: _____

City, State: _____

Method of Payment: **Check:** Payable to Illinois CPA Society (Mail registrations only) **Visa** **MasterCard** **American Express** **Discover**

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. If a 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.