

OSCPA Registration Form

FOUR REGISTRATION OPTIONS:

- WEB** at www.orcpa.org/cpe/classes.asp
- FAX** credit card orders to: 503-626-2942
- MAIL** registration form and payment to:
OSCPA Professional Development Division,
PO Box 4555, Beaverton, OR 97076-4555
- PHONE** registration information and payment to:
503-641-7200 / 1-800-255-1470, ext. 3


Address Update Requested

Name _____
Business _____
Address _____
City _____
State + Zip _____

CHECK EACH THAT APPLIES:

- Check for \$ _____ payable to OSCP
 Visa/Mastercard/Amex/Discover
Credit Card is: Business / Personal

Course Date	Course Name/Number	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total

 Special/Dietary Needs: _____
 I would like this dietary request for all OSCP CPE events.
Registration confirmations will be provided. This form may be duplicated.

PLEASE CHECK ALL THAT APPLY:

- OSCP Member
 Nonmember
 AICPA Member
 Uncertified Employee of an OSCP Member
 Member of _____ State Society
 Please send me information about OSCP membership

OSCP Member ID # (refer to mail label) _____
Telephone _____
Email _____

Cardholder Name _____
Card # _____
Amount Paid \$: _____ Exp. Date: _____
Signature _____

Registration Fee:

Member	Nonmember	AICPA Discount	Office Use Only
\$ _____	\$ _____	\$ _____	EC: _____
\$ _____	\$ _____	\$ _____	EC: _____
\$ _____	\$ _____	\$ _____	EC: _____
\$ _____	\$ _____	\$ _____	EC: _____



Type: _____
Check: _____

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Check: _____
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