

GROUP REGISTRATION FORM

Please note that for many conferences, group discounts for 2 or more attendees may be available. To obtain pricing information — please contact the AICPA Service Center at 1.888.777.7077.

Please use this form to register via mail or fax:

MAIL: AICPA Member Service Center, Conferences,
220 Leigh Farm Road, Durham, NC 27707-8110

FAX*: 1.800.870.6611 or 1.919.402.4670 (credit card # required)

You may also register by:

Online*: www.cpa2biz.com/conferences

Phone*: 1.888.777.7077 or 1.919.402.4500

* Credit card registrations only

FALL/WINTER 2008

Please register the individuals listed below for the following Conference:

(All registrations must be received at the same time to qualify for the group discount)

Program Code _____ Conference Title _____

REGISTRATION INFORMATION

Registrant (last name, first name)	Email Address	AICPA Member #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

ATTENDEE/BADGE INFORMATION

Firm Name or Affiliation _____
 Address _____ Suite _____ PO Box _____
 City _____ State _____ Zip Code _____

BILLING INFORMATION

Full payment must accompany registration form. Please make checks payable to AICPA.

Please bill the following credit card: AICPA VISA® American Express® Diners Club®
 Discover® MasterCard® VISA®

Credit Card No. _____ Exp. Date _____
 Signature _____ Amount \$ _____

If there are questions about this group order, who can we contact?

Name: _____ Phone Number _____

Please note in accordance with the Americans with Disabilities Act, do any of the registrants above have any special needs?
 No Yes (if yes, please specify who, so that they can be contacted)