

Name _____

Company _____ Title _____

Preferred Address: _____

City _____ State _____ Zip _____

Work Phone _____ Email _____

Above is my: Home Work address DSCPA ID Number: _____

**If you wish to receive a registration confirmation and receipt, you must include your email address.*

**The email address provided above will be used for the distribution of all electronic materials.*

Complete this section when paying by Check (to DSCPA), Visa, MasterCard, or American Express

Date	Course #	Title	Registration Fee
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total Amount \$			_____

PAYMENT - Fees may be paid by check (to DSCPA), Visa, MasterCard or American Express

Check made payable to DSCPA MasterCard Visa American Express

Card No. _____ Expiration _____

Authorized Signature _____

Name on Card _____

Complete this section when using a CPA PERKS

3 Convenient ways to register:

BY MAIL DSCPA
 3512 Silverside Road
 8 The Commons
 Wilmington, DE 19810
BY FAX (302) 478-7412
 (Credit card payments or
 CPA PERKS only)
**BY INTERNET Register on our
 secure website at www.dscpa.org**
QUESTIONS?
 Call us at (302) 478-7442 or email
 us at cpe@dscpa.org

Date	Course #	Title	PERKS Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Registrations without payment in full cannot be processed. Please be sure to include a check, credit card information or CPA PERKS code.