

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, Discover or American Express

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

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

Check made payable to DSCPA MasterCard Visa American Express Discover

Card No. _____ Expiration _____ CVV _____

Authorized Signature _____

Name on Card _____

3 Convenient ways to register:

BY MAIL DSCPA

2207 Concord Pike

#221

Wilmington, DE 19803

BY FAX (302) 478-7412

(Credit card payments 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

Registrations without payment in full cannot be processed.