

Members-Only Volume-Buying Registration Form

Now that you've made your CPE selections for the year, don't procrastinate—classes fill quickly—register today! Not only will you be gaining valuable professional knowledge all year long, but you'll be saving money in the process. **As a CSCP member, the more 8-hour courses you register for at the same time, the more you save.** Multiple members of the same firm are welcome to use this volume-buying discount. Courses must be a minimum of 8 credit hours and all 16-hour courses count as one course.

Please indicate the appropriate type of volume-buying registration:

Individual Member Registration Corporate (with Multiple Members) Registration

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Mobile Phone _____

E-mail Address _____

Special Needs _____

I am a member of: CSCP—Membership # _____ AICPA—Membership # _____

1 Course Title _____ Course Date _____ Fee _____
Member Name _____ Member Number _____

2 Course Title _____ Course Date _____ Fee _____
Member Name _____ Member Number _____

3 Course Title _____ Course Date _____ Fee _____
Member Name _____ Member Number _____

4 Course Title _____ Course Date _____ Fee _____
Member Name _____ Member Number _____

5 Course Title _____ Course Date _____ Fee _____
Member Name _____ Member Number _____

6 Course Title _____ Course Date _____ Fee _____
Member Name _____ Member Number _____

7 Course Title _____ Course Date _____ Fee _____
Member Name _____ Member Number _____

8 Course Title _____ Course Date _____ Fee _____
Member Name _____ Member Number _____

Total Registration Fee _____

Courses must be a minimum of 8 credit hours and all 16-hour courses count as one course.

Applicable Volume-Buying Discount (members only)

Registering for 3-5 courses: 45
Registering for 6-7 courses: 96
Registering for 8 courses: 136

Less Volume Discount _____

Total Amount Due _____

I have enclosed a check.



Charge _____ to my Visa MasterCard Discover Card

It is a: Company-issued card Personal card

Card Number _____ Exp _____

Print Name _____ Signature _____

Return to:  Colorado Society of CPAs, 7979 E. Tufts Avenue, Suite 1000, Denver, CO 80237-2847

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