



MEMBER ID NO. _____ AICPA ID NO. _____

FULL NAME _____

NAME TO GREET BY _____ FIRM/COMPANY _____

WORK PHONE NO. _____ FAX NO. _____

E-MAIL _____

STREET ADDRESS *no P.O. Boxes* _____ WORK / HOME
(circle)

CITY _____ STATE _____

COUNTY _____ ZIP CODE _____

COURSE DATE	COURSE TITLE	CITY	CREDIT	PRICE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you registering for at least 40 hours of CPE before Aug. 31? If so, take a 25% discount off your total.

For conferences - Early Bird Discount cannot be taken in addition to the ValuePlus.

ValuePlus excludes Professional Issues Update courses and webinars.

TOTAL _____

To participate in the ValuePlus Program, registration forms must be received by Aug. 31, 2010.

Valid only when registering for at least 40 hours of CPE.

I have read the ValuePlus Program policies and I agree to abide by them. I understand that if I fail to follow these policies, my participation in the program will be revoked.

TOTAL
(minus 25% discount)

SIGNATURE _____



Method of Payment

- AMEX
 Discover
 MasterCard
 Visa
 Check

CREDIT CARD NO. _____ EXP. DATE _____ CVV# (last 3 digits on back of card) _____

NAME INDICATED ON CARD _____ SIGNATURE _____

Payment must be submitted with the registration form. Make checks payable to: Indiana CPA Society, P.O. Box 40069, Indianapolis, IN 46240-0069. You may also register by phone: (317) 726-5000 or 1-800-272-2054 or fax (317) 726-5005. For more information, e-mail: info@incpas.org or go to incpas.org.