



To return this form, mail to:
14651 Dallas Parkway Ste 700 Dallas Texas 75254
or fax to 800.207.0273 (in Dallas: 972.687.8696)

CPE Registration Form – Mail or Fax

Registrant Information

Name _____

CPA Certificate # _____

Firm (if applicable) _____

Street Address _____

City _____ State _____

Zip Code _____ Phone _____

Email _____

Member Fee I have an active TXCPA membership.

Member Fee I am a non-CPA on the staff under TXCPA member # _____

Member Fee I am an active member of this non-Texas state CPA society: _____

Non-Member Fee I am a Texas licensed CPA, but not an active member of TXCPA.

Course Information

Program Title _____

Program Number _____ Program Date / /

Program City _____ Program Price \$ _____

Program Title _____

Program Number _____ Program Date / /

Program City _____ Program Price \$ _____

Fee Information

Total Fee _____ I have special needs under ADA
(please attach written description)

Payment Type Check Visa MasterCard AMEX

Card Number _____

Card Expiration _____ CVV _____

Cardholder Name _____

Cardholder _____

Signature _____

Return this form by mail to 14651 Dallas Parkway Ste 700 Dallas Texas 75254
or fax to 800.207.0273 (in Dallas: 972.687.8696)