

Course Registration Form 2020/21

NAME OF ATTENDEE: (please print) _____ ID # _____

CATEGORY: CPA _____ CPA CANDIDATE _____ OTHER (please specify) _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

E-MAIL: _____ PHONE: _____

<u>COURSE NAME and CODE</u>	<u>LOCATION</u>	<u>DATE</u>	<u>PAYMENT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Your confirmation is your receipt.
Please make sure you receive one!**

SUBTOTAL _____
ADD 5% GST _____
(GST # R107508558)
TOTAL _____

PAYMENT INFORMATION

CHEQUE _____ VISA _____ MASTER CARD _____

CARD #: _____ Expiry Date: _____

CARD HOLDER: (please print) _____

AUTHORIZED SIGNATURE OF CARDHOLDER: _____

TO REGISTER: FAX: 306.347.8580 (Credit card and passports only)
Email: rday@cpask.ca (Credit card and passports only)
MAIL CHEQUES TO: CPA Saskatchewan 101-4581 Parliament Avenue, REGINA, SK S4W 0G3