

South Dakota CPA Society CPE Registration Form

(Please duplicate this form as needed)

Name _____
Company _____
Address _____ State: _____
City _____ Zip: _____
Phone: _____
After Hours Phone: _____
Email: _____

SD CPA Member? Yes No
CPA? Yes No AICPA Member # _____
PITN # _____
 Sole Practitioner, Shareholder, Partner
 CPA Firm Staff Industry
 Staff Government, Education

Course _____
Course Date _____
 Cash Amount Enclosed \$ _____
Charge: Visa MasterCard Discover
Acct. # _____ Exp. _____
Name on Card _____
Billing Address _____ Billing Zip: _____

Make checks payable to **SDCPAS** and mail to:

South Dakota CPA Society
5024 South Bur Oak Place, Suite 108
Sioux Falls, SD 57108
Telephone: (605) 334-3848 Fax: (605) 334-8595

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