



WICPA CPE Registration Form

W233N2080 Ridgeview Parkway | Suite 201 | Waukesha, WI 53188 | P: 262-785-0445 | F: 262-785-0838

COURSE SIGN-UP:

Course Name: _____
Course Date: _____
Registration Fee \$ _____

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Registration Fee \$ _____

TOTAL AMOUNT \$ _____

CONTACT INFORMATION:

Name _____ WICPA ID # _____

Email Address (required) _____

Alternate Email Address _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Street Address _____ PO Box _____

City _____ State _____ Zip _____

PROFESSIONAL INFORMATION:

Organization _____

Street Address _____ PO Box _____

City _____ State _____ Zip _____

Office Phone (_____) _____ Ext. _____

Position Title _____

ARE YOU:

- An AICPA member
- A WICPA member
- Contact me about becoming a WICPA member and saving up to \$150 per course

PAYMENT METHOD:

- Check (payable to WICPA)
- American Express Discover MasterCard Visa

Card Type: Business Personal

Card # _____ Expiration Date _____ CVV _____

Signature _____ Date _____

Course Materials: Electronic materials are included with registration and can be accessed approximately seven days prior to the program at wicpa.org/MyWICPA.

Printed materials are not available for programs at this time.

Cancellation Policy: For a full refund, the WICPA CPE Department must receive a notification of cancellation or a request to transfer to a different program at least 14 days before the program presentation date. Cancellations or program transfer requests received between 7-13 days prior to the presentation date will be subject to a cancellation fee of 50% per person, per program. No refund or program transfer request will be granted for cancellations less than seven days of the program presentation. Substitute registrants are allowed. No refund or program transfer request will be granted if you have downloaded any electronic materials that have been provided for the program from which you are canceling.

wicpa.org/CPEcatalog

