ISCPA Registration Form

Continuing Professional Education

Fill out the form completely.
All registrations must be accompanied by the total payment for the course(s) desired in order to be enrolled. ISCPA does not invoice for the course registration fee.

Please make checks payable and return to:
ISCPA
950 Office Park Rd Ste 300
West Des Moines IA
50265-2548

For questions:
Phone 515-223-8161
In Iowa 800-659-6375
FAX 515-223-7347
E-mail: iacpa@iacpa.org
Website: www.iacpa.org

Note:
If you do not receive your confirmation 5 business days prior to the class, please contact ISCPA to confirm that your registration was received.

Cancellation, Refund, and Transfer Policy:
There will be no refunds for cancellations within 7 calendar days of the course. Participants will be allowed to transfer to another course in lieu of forfeiture but will not be entitled to a refund for cancellation of the substituted course. All transfers received within 7 days of the course will be subject to a fee. Funds on account that are nonrefundable must be used by the end of the current fiscal year (May 1-April 30) or they will be forfeited. Cancellations/transfers will not be accepted the day of the course. Substitution of another individual will be accepted up until the day of the course. The substitute is subject to the member/nonmember fee policy.

Firm/Company _____

Address _____

City/State/Zip+4 _____

Phone (_____) _____ Fax (_____) _____

Method of Payment: ❒ Check Enclosed ❒ MasterCard ❒ Visa

Credit/Debit Card # _____ Exp. Date _____

Signature _____ ❒ Firm credit card ❒ Personal credit card

---

1. Name _____

Please indicate how participant wishes to receive course confirmation(s): ❒ Mail ❒ E-mail

E-mail address: _____

Course Acronym _____ Course Date _____ Course Fee _____

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CE Credit needed for: ❒ Iowa Continuing Legal Education (CLE) ❒ CFP ❒ Iowa Insurance CE

(If course is approved for CE Credit in its respective area, ISCPA requires advance notification in order to notify the appropriate regulatory agency.)

❒ ISCPA Member ❒ Other State CPA Society Member (indicate state) _____

❒ AICPA Member # _____ ❒ Nonmember

Special Services: ❒ Check here if you require special services, including **dietary restrictions. Please notify ISCPA in advance of your needs.**

**After hours telephone number (for course cancellation due to weather, etc.): (____) _____*

2. Name _____

Please indicate how participant wishes to receive course confirmation(s): ❒ Mail ❒ E-mail

E-mail address: _____

Course Acronym _____ Course Date _____ Course Fee _____

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3. Name _____

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4. Name _____

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E-mail address: _____

Course Acronym _____ Course Date _____ Course Fee _____

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5. Name _____

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E-mail address: _____

Course Acronym _____ Course Date _____ Course Fee _____

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