

# Personal Financial Planning Conference

## registration form

Please use a separate form for each registrant. Registration forms may be photocopied. **PLEASE PRINT OR TYPE.**

Course #: 612

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

TSCPA Member Number: \_\_\_\_\_ Preferred Mailing:  Home  Work

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check here if this is a change of address.

Check all that apply:  CPA  Not a CPA  TSCPA Member  Non-Member

Do you require certified financial planning (CFP) credit?  Yes  No If so, please provide your CFP ID number: \_\_\_\_\_

### **PAYMENT INFORMATION** (Credit card registrations may be faxed to 615/309-8054 or 615/377-3904.)

Your Total: \$ \_\_\_\_\_ Charge To:  MasterCard  Visa

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Security Code (last three digits on back of credit card): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Check enclosed payable to:

Educational & Memorial Foundation of TSCPA 201 Powell Place, Brentwood, TN 37027

If you have special needs under the Americans with Disabilities Act, please attach a written description or call the society office at 615/377-3825 or 1-800/762-0272.

TSCPA reserves the right to change any portion of this program due to unforeseen circumstances.