

NEW CPA BANQUET REGISTRATION

(Complimentary registration for you and one guest)

Honoree Name_____

Organization_____

Address_____

City_____State_____Zip_____

Phone (_____)_____

Email_____

Complimentary Guest Name_____

☐ I wish to purchase _____ (qty.) additional guest tickets at \$40 each

Guest Name_____

Guest Name_____

Guest Name_____

☐ My guest(s) or I have a special requirement/food allergy

Please describe_____

PAYMENT METHOD

(For additional guests)

Total amount \$_____

☐ Check (payable to WICPA)

☐ American Express

☐ Discover

☐ MasterCard

☐ Visa

Card Type: ☐ Business ☐ Personal

Name on Card_____

Card #_____

Exp. Date_____ CVV Code_____

Signature_____

Date_____

For RSVPs requiring payment, mail to Wisconsin Institute of CPAs, W233N2080 Ridgeview Parkway, Suite 201, Waukesha, WI 53188 or fax to 262-785-0838. RSVPs not requiring payment can be emailed to Jessica@wicpa.org or call 262-785-0445.