

## 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 \_\_\_\_\_ CVW 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](mailto:Jessica@wicpa.org) or call 262-785-0445.