

CPA CONFERENCE REGISTRATION FORM

Name _____

Organization _____

Address _____

City/State/Zip _____ Phone () _____

Fax _____ E-Mail _____

Registration Type: ___ Full Conference ___ Wednesday only ___ Thursday only ___ Friday only

Fees:

	CPA Members	Nonmembers
Full Conference	\$199	\$225
Thursday Only	\$115	\$125
Wednesday or Friday Only	\$ 50	\$ 60

Workshop Selections: (Please write the title of the workshop you wish to attend)

Workshop Session #1: _____

Workshop Session #2: _____

Workshop Session #3: _____

Workshop Session #4: _____

**Please mail this registration form & fee, by May 28, 2004, payable to:
PA DUI Association, 2413 North Front Street, Harrisburg, PA 17110
Phone (717) 238-4354 FAX (717) 238-6211**

Cancellation Policy: In order to receive a refund for cancellation, you must notify the DUI office by mail or FAX no later than four working days prior to the conference.