

CPA CONFERENCE REGISTRATION FORM

Registration Deadline: May 26, 2007

Name _____

Organization _____

Address _____

City/State/Zip _____ Phone () _____

Fax _____ E-Mail _____

CPA Membership Number: _____

Registration Type: _____ Full Conference _____ Wednesday only _____ Thursday only _____ Friday only
_____ Pre Conference Training

Conference Fees:	CPA Members	Nonmembers
Full Conference (Wed. – Fri.)	\$245	\$295
Wednesday or Thursday Only	\$135	\$160
Friday Only	\$ 60	\$ 70
Pre Conference	\$ 40	\$ 40

Pennsylvania Certified Teachers interested in Act 48 Credits, please list your Personnel ID Number: _____

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

Workshop Session: _____ #1 _____ #2 _____ #3 _____ #4 _____ #5

Method of Payment:

- Check enclosed payable to **PA DUI Association**
- Charge to credit card (complete information below)

Credit Card Type: _____ Name on Card: _____

Card Number: _____ Exp. Date _____

Security Code: _____ (3 digit number on back of card)

Return your registration and fee to:

PA DUI Association
2413 North Front Street
Harrisburg, PA 17110
Phone (717) 238-4354 FAX (717) 238-6211

Cancellations for a full refund must be received in writing within two (2) weeks of the conference.