

36th Annual Congress – Registration Form

Register and make housing reservations at: www.APAcongress.com

1 Registrant Information

Name: Ms. Mr. _____
 Title: _____
 Organization: _____
 Street Address: _____
 City: _____ State/Province: _____ Country: _____
 Zip + 4-digit/Postal Code: _____
 Telephone: _____
(Area/Country Code)
 Fax: _____
(Area/Country Code)
 Email: _____
(For official APA communications, registration confirmations, Payroll Currently, and PAYTECH-Digital.)

Please indicate if you are: CPA PA (For NASBA reporting purposes.)

Global Payroll Management Institute Subscriber: Yes No

Needed for New Member Enrollment: Birth date: ____ / ____ / ____

I am an APA MEMBER
 Member's ID #: _____
(Update your contact information at www.APAcongress.com)

I am a COLLEAGUE of an APA MEMBER (at the same street address)
 Colleague's ID #: _____
 Member's Name: _____
 Member's ID #: _____

I am NOT an APA Member or Colleague

I would like to join APA at this time AND register for the conference and Virtual Congress at the special APA member price

One-Year Annual Membership Dues* \$219
 One-Time Enrollment Fee \$ 35

Special Dietary Request: Vegetarian Gluten-Free Kosher Peanut Allergy
 Dairy Allergy Halal

I have read the additional info for onsite meal requests found on page 22.

All Attendees Please Complete This Section

In case of emergency, contact:
 Name: _____
 Relation to Attendee: _____
 Daytime Phone: _____
 Evening Phone: _____
 I will be staying at this hotel: _____

*Membership dues are subject to change without notice and are nonrefundable. Membership is on an individual basis; corporate memberships are not available. 100% of membership dues are deductible as an ordinary business expense. Membership officially begins when payment is received.

Members of the American Payroll Association receive PAYTECH magazine as part of their annual dues of \$219, \$50 of which is allocated for their subscription to PAYTECH, which is nonrefundable therefrom.

Consent to Use Your Photograph and Contact Info: By registering for this program, you are granting official conference photographers permission to photograph you and publish photos in APA publications, social media, and marketing materials. In addition, by attending or speaking at this conference, you are granting APA permission to make your contact information available to our sponsors who may choose to market their products and services to you via email, fax, telephone, mail, or other means.

Last updated November 2017 **EMT: 9V**

For Office Use Only:	Date: _____	Order #: _____	Batch #: _____
Group #: _____	Check #: _____	C/P: _____	Total: \$ _____

2 Order Form

Event Code: 18CONGRS	Fees
All-Access Pass SAVE \$50 when you register by April 18	MEMBER: \$1,850
	COLLEAGUE: \$2,000
NON-MEMBER: \$2,150	
After April 18 Add \$50 to the above rates when you register April 19 – May 18	
Three-Day Pass	MEMBER: \$1,590
	COLLEAGUE: \$1,800
	NON-MEMBER: \$2,025
Two-Day Pass	MEMBER: \$1,060
	COLLEAGUE: \$1,200
	NON-MEMBER: \$1,350
One-Day Pass	MEMBER: \$530
	COLLEAGUE: \$600
	NON-MEMBER: \$675
Guest Registration Expo Cocktail Reception/Dinner and License to Party on May 17: \$100 per guest Guest Name: _____ \$ _____ Guest Name: _____ \$ _____	
Registration Amount: <input type="checkbox"/> All-Access Pass <input type="checkbox"/> One-Day Pass <input type="checkbox"/> Two-Day Pass <input type="checkbox"/> Three-Day Pass Days Attending: _____ \$ _____	
One-year Membership Dues & Fees + Virtual Congress, if applicable: \$254 <small>Use the Member price for Congress when calculating your total.</small>	
Total Payment: \$ _____	

3 Payment Information

Payment in U.S. dollars must accompany registration form.
 Currency Converter: www.xe.com

Three Enrollment Options:
 Online **Fax** **Mail**
www.APAcongress.com (210) 224-6038 To address below

I authorize the American Payroll Association to CHARGE my:
 American Express Discover MasterCard Visa

Card is: Corporate Personal
 Card #: _____
 Exp. Date: _____ CVV Code: _____
 Name on credit card: _____
 Signature of cardholder: _____

I agree to the cancellation policies found at www.americanpayroll.org.

PURCHASE ORDER #: _____
(for government agencies/universities only)

Make CHECK payable and mail to:
American Payroll Association
 c/o Membership Services
 660 North Main Avenue, Suite 100
 San Antonio, TX 78205-1217

If you require special services, please call Membership Services at (210) 224-6406, M-F, 8 a.m. – 6 p.m. CT, at least 21 days in advance of the event.