

2019 Strategic Leadership Certificate Program | Registration Form

Register online: www.americanpayroll.org/LCP.html

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Registration

I would like to:

Register for the following Certificate Program:

DATE	CITY	COURSE CODE
<input type="checkbox"/> April 3-5	San Antonio, TX	19LCP01C
<input type="checkbox"/> July 10-12	Nashville, TN	19LCP02C

I am an APA MEMBER.....\$1,299
ID# _____

I am a COLLEAGUE of an APA Member (at the same street address).....\$1,419
Colleague's ID #: _____
Member's Name: _____
Member's ID #: _____

I would like to join APA now AND register at the member rate.....\$1,588

Class Registration Fee at Member Rate	\$1,299
Annual Membership Dues*	\$254
One-Time Enrollment Fee	\$35
TOTAL	\$1,588

I am not an APA Member or Colleague. ID# (if known).....\$1,549

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Registrant Information (please print)

Registrant's Primary Address

Name: Ms. Mr. _____

Title: _____

Organization: _____

Street Address: _____

City: _____

State/Province: _____ Country: _____

Zip + 4-Digit/Postal Code: _____ + _____

Phone: _____ Fax: _____
(Area/Country Code) (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)

Special Dietary Request: Vegetarian Gluten-free
 Kosher Vegan Dairy Allergy
 Peanut Allergy Shellfish Allergy

Needed for new member enrollment

Birth date: _____ / _____ / _____

Registrant's Secondary/Home Address

Street Address: _____

City: _____

State/Province: _____ Country: _____

Zip + 4-Digit/Postal Code: _____ + _____

Phone: _____ Fax: _____
(Area/Country Code) (Area/Country Code)

Email: _____

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Payment Information

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

Three Enrollment Options:

Online **Fax** **Mail**
www.americanpayroll.org/LCP.html (210) 224-6038 To address below

I authorize the API Fund for Payroll Education, Inc. to CHARGE my:

American Express Discover MasterCard Visa

Card is: (check one) 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

660 North Main Avenue, Suite 100

San Antonio, TX 78205-1217

Email: apa@americanpayroll.org • **Visit:** www.americanpayroll.org

Phone: (210) 224-6406 • M-F, 8 a.m.-6 p.m. CT

If you require special services, please call Customer Service at least 14 days in advance of the event.

Have you ever:

Purchased something from the APA? Yes No

Had a membership with the APA? Yes No

If yes, what name was it under? _____

What was the company name? _____

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

Registration Confirmation and Specific Seminar Locations

You will receive an email confirmation of your registration and class date after your completed form and payment have been received and processed. Specific class locations will be listed on APA's website, www.americanpayroll.org, at least 30 days before the seminar date. If you have not received a confirmation email one week prior to your seminar, please contact Customer Service at the number above.

Last updated: January 2019

EMT: 9V

For office use only:

Date: _____ Order #: _____ Batch #: _____

Group #: _____ Check #: _____ C/P: _____ Total: \$ _____