

2022 Payroll Issues for Multi-State Employers – Registration Form

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

1 Registration

I would like to:

Register for the following *Payroll Issues for Multi-State Employers* class:

City: _____ Date: _____ Course Code: _____

Special Dietary Request:

Vegetarian Gluten-free Kosher Vegan
 Dairy Allergy Peanut Allergy Shellfish Allergy

I am an APA MEMBER \$540

I am a COLLEAGUE of an APA Member (at the same street address) \$660

Member's Name: _____

Member's ID #: _____

I would like to JOIN APA now and register for this course at the member rate \$850

Class Registration Fee at Member Rate \$540

Annual Membership Dues* \$275

One-Time Enrollment Fee \$35

TOTAL \$850

I am not an APA Member or Colleague \$810

Register for the following Webinar or Webinar On Demand**:

	Live	On Demand	
Segment 1	<input type="checkbox"/> 22MUL01L	<input type="checkbox"/> 22MUL01R	\$199
Segment 2	<input type="checkbox"/> 22MUL02L	<input type="checkbox"/> 22MUL02R	\$199
Segment 3	<input type="checkbox"/> 22MUL03L	<input type="checkbox"/> 22MUL03R	\$199
Segment 4	<input type="checkbox"/> 22MUL04L	<input type="checkbox"/> 22MUL04R	\$199
All 4 Segments	<input type="checkbox"/> 22MUL05L	<input type="checkbox"/> 22MUL05R	\$540

You will receive course materials via email for each registered segment.

YOUR REGISTRATION INCLUDES:

- ✓ Up to 6 RCHs, 0.6 CEUs, or 7 CPE credits
- ✓ An individual PDF of the course workbook for Interactive Virtual classes, Webinars, and Webinars On Demand
- ✓ A printed course workbook for in-person classes
- ✓ Networking continental breakfast during registration, on-site networking luncheon with class attendees and instructor, and refreshments during breaks

2 Registrant Information

Registrant's Primary Address (Please print)

Ms. Mr. _____

Member ID #: _____
(Update your contact information at www.americanpayroll.org)

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, webinar materials, *Payroll Currently*, and PAYTECH-Digital)

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

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: _____

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?

For all program information go to: www.americanpayroll.org/multistate.html

*Dues are subject to change without notice and are nonrefundable. Membership is on an individual basis; corporate memberships are not available. An enrollment fee of \$35 is charged to all new members. 100% of APA membership dues are deductible as an ordinary business expense.

†Prices listed are for Members. Go to www.americanpayroll.org/multistate.html for Colleague and Non-Member prices, and cancellation policies.

**You may be required to pay sales tax on this item.

Please visit www.americanpayroll.org/sales-tax for a list of applicable sales tax.

Dietary Requests and Special Services

Dietary requests made within two weeks from class start date cannot be guaranteed. By requesting a dietary meal and indicating the meal functions you will be attending, you confirm that you will be eating your dietary meal purchased by APA on your behalf. There is no additional charge for the dietary meal(s), unless you elect not to eat it, fail to pick up the dietary meal, or eat a regular attendee meal in its place. In any of these instances, you will be invoiced \$50 for each dietary meal that you ordered. Dietary requests will be limited and will not be honored onsite. If you require special services, please call Customer Service at (210) 224-6406 at least 14 days in advance of the event.

Last updated: February 2022

EMT: 9V

3 Payment Information

Payment in U.S. dollars must accompany registration form.

Currency Converter: www.xe.com

I agree to the Event Policies found at bit.ly/APA-policies, and the Health and Safety Procedures found at bit.ly/H-S-Procedure which include providing proof of full COVID-19 vaccination for all in-person events.

Three Enrollment Options:

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

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

American Express Discover MasterCard Visa

Card is: (check one) Corporate Personal

Card #: _____

Exp. Date: _____ CVV Code: _____

Name on Credit Card: _____

Signature of Cardholder: _____

Purchase Order #: _____ (for government agencies/universities only)

Make CHECK payable and mail to:

American Payroll Association
c/o Customer Service
660 North Main Avenue, Suite 100
San Antonio, TX 78205-1217

Phone: (210) 224-6406 • M-F, 7 a.m. – 5 p.m. CT

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

FOR OFFICE USE ONLY:

Date: _____ Order #: _____ Batch #: _____ Group #: _____ Check #: _____ C/P: _____ Total: \$ _____