

2019 Learning Progression Series | Registration Form

Register online: www.americanpayroll.org/course-conf/progression

1 Registration

Please register me for the following class:
(Please check applicable price)

	APA Member	Colleague of APA Member	Non-Member
Payroll Practice Essentials*	<input type="checkbox"/> \$1,299	<input type="checkbox"/> \$1,419	<input type="checkbox"/> \$1,549
Intermediate Payroll Concepts	<input type="checkbox"/> \$939	<input type="checkbox"/> \$1,049	<input type="checkbox"/> \$1,189
Advanced Payroll Concepts	<input type="checkbox"/> \$939	<input type="checkbox"/> \$1,049	<input type="checkbox"/> \$1,189
Strategic Payroll Practices	<input type="checkbox"/> \$939	<input type="checkbox"/> \$1,049	<input type="checkbox"/> \$1,189

In-Person Class Virtual Session**

City (if applicable): _____
Date: _____ Course Code: _____

I am an APA MEMBER. ID# _____

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. ID# (if known) _____

I want to join APA now:
Annual Membership Dues! \$254 + One-Time Enrollment Fee \$35 = \$289

Summary

Class (checked above): \$ _____

Sales Tax (if applicable)**: \$ _____

Membership dues (if applicable): \$ _____

Total Amount Paid: \$ _____

Join now and save up to \$250 on course registration!

3 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 (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: _____

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.

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

*All In-Class Sessions run for two days except for Payroll Practice Essentials; it is a three-day class. Payroll Practice Essentials: Virtual Classroom will meet for nine two-hour sessions. All other Virtual Classroom courses will meet for six two-hour sessions.

** 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.

*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. An enrollment fee of \$35 is charged to all new members and to reinstate members inactive for more than 90 days.

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. Visit www.americanpayroll.org and search by your seminar code. On the seminar page, you can view hotel information at least 30 days before the seminar date by scrolling over your seminar location.

Dietary Requests and Special Services

Dietary Requests made within two weeks from event 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.



Credit for Recertification and Continuing Education: The American Payroll Association is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: www.learningmarket.org. APA's sponsor identification number is 103152. No prerequisites or advance preparation required. See individual course listings for credit information.

CPE Complaint Resolution Policy: The APA will make every effort to resolve complaints regarding NASBA compliance within a reasonable amount of time and in a confidential manner. A formal complaint must be submitted in writing and must set forth a statement of the facts and the specific remedy sought. Submit CPE complaints to: American Payroll Association, Attn: Certification, 660 North Main Avenue, Suite 100, San Antonio, TX 78205-1217. Certification: (210) 226-4600. We have registered with the Texas State Board of Public Accountancy to meet the requirements of the continuing professional education rules covering maintenance of attendance records, retention of program outlines, qualifications of instructors, program content, physical facilities and length of class hours. This registration agreement does not constitute an endorsement by the Board as to the quality of the program or its contribution to the professional competence of the licensee. Recertification Credit Hours (RCH) are awarded by the APA for pre-approved payroll learning events.

Please read our **policies for registration, transfers, substitution, cancellation, and refunds** at <https://info.americanpayroll.org/org/pdfs/tocs/event-policies.pdf>

Last updated: January 2019

EMT: 9V

FOR OFFICE USE ONLY:

Date: _____ Order #: _____ Batch #: _____

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

2 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
 Peanut Allergy Dairy Allergy Shellfish Allergy Vegan

I have read the additional info for onsite meal requests found in the right column.

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? _____