

Payroll Tax Forum 2021 | Registration Form

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

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Registration

I would like to:

- Register for the following class: In Person Interactive Classroom
- Date: _____ Course Code: _____
- I am an APA MEMBER. ID# _____ \$525
- I am a COLLEAGUE of an APA Member (at the same street address) __ \$640
- Colleague's ID #: _____
- Member's Name: _____
- Member's ID #: _____
- I would like to join APA now AND register at the member rate __ \$822

Members save \$260 on course registration!

Class Registration Fee at Member Rate.....\$525
Annual Membership Dues*.....\$262
One-Time Enrollment Fee.....\$35
TOTAL.....\$822

- I am not an APA Member or Colleague. ID# (if known) _____ \$785
- Register for the following Webinar or Webinar On Demand**:
- | | Live | On Demand | |
|----------------|-----------------------------------|-----------------------------------|--------------------|
| Segment 1 | <input type="checkbox"/> 21PTF01L | <input type="checkbox"/> 21PTF01R | \$199 ¹ |
| Segment 2 | <input type="checkbox"/> 21PTF02L | <input type="checkbox"/> 21PTF02R | \$199 ¹ |
| Segment 3 | <input type="checkbox"/> 21PTF03L | <input type="checkbox"/> 21PTF03R | \$199 ¹ |
| Segment 4 | <input type="checkbox"/> 21PTF04L | <input type="checkbox"/> 21PTF04R | \$199 ¹ |
| All 4 Segments | <input type="checkbox"/> 21PTF00L | <input type="checkbox"/> 21PTF00R | \$525 ¹ |

YOUR COURSE REGISTRATION INCLUDES:

- An individual copy of the course workbook for in person classes
- 6 RCHs, 0.6 CEU, or 7 CPE credits upon completion
- On-site networking luncheon for in person classes
- Continental breakfast during registration for in person classes
- Refreshments during breaks for in person classes

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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/taxforum.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 bit.ly/APA-policies

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_Events@americanpayroll.org • Visit: www.americanpayroll.org

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

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

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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 Currentity, 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

Special dietary requests received less than two weeks from event start date cannot be guaranteed.

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? _____

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

¹You will receive course materials via email for each registered segment.

Prices listed are for Members. Go to www.americanpayroll.org 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.

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



Credit for Recertification and Continuing Education: The APA 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.nasbaregistry.org. The American Payroll Association's CPE sponsor identification number with NASBA is 103152. No prerequisites or advance preparation required. Course level: Update. Delivery method and Field of Study: Group-live, Taxes=5.5; Business Law=1.5. CPE credits are not available for webinars on demand.

Last updated: May 2021

EMT: 9V

FOR OFFICE USE ONLY:

Date: _____ Order #: _____ Batchl #: _____

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