

# PASBO Workshop Registration

(Please use one form per person)

## PARTICIPANT INFORMATION:

Name \_\_\_\_\_ Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Describe any special needs \_\_\_\_\_

Are you a CPA who needs a Certificate of Attendance?                      Yes                      No

Would you like more information about joining PASBO?                      Yes                      No

## WORKSHOP SELECTION:

Title	Date	Location	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Authorized Amount: \_\_\_\_\_

## PAYMENT METHOD:

Check Enclosed (Payable to PASBO)

Generate Invoice (PO# \_\_\_\_\_)

Invoices are posted to the PASBO website and will not be mailed. To view your invoice, log on to [www.pasbo.org](http://www.pasbo.org) with your username and password and select "My Invoices" under the Account Details menu on the left of your profile page. Your invoice can be paid online or printed/mailed with a check. A \$20 late fee will be added to invoices not paid within 45 days of the registration date.

Credit Card: Cardholder Name \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

## TO REGISTER:

Please use ONE of the following methods to avoid duplicate registrations.

1. **By Email:** Email completed form to [kpierich@pasbo.org](mailto:kpierich@pasbo.org)
2. **By Fax:** Fax completed form to (717) 540-1796
3. **By Mail:** Mail completed form to  
PASBO, 2608 Market Place, Harrisburg, PA 17110
4. **By Phone:** Call the PASBO Office at (717) 540-9551

Visit [www.pasbo.org](http://www.pasbo.org) for additional information and directions.