

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

WORKHOP 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 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
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 for additional information and directions.