

Learning Progression Series 2012 Registration Form

Register online at offers.americanpayroll.org/series

Please register me for the following class:

(Please check applicable price)

In-Class Sessions	APA Member	Colleague of APA Member	Non-Member
Payroll Practice Essentials*	<input type="checkbox"/> \$1,075	<input type="checkbox"/> \$1,140	<input type="checkbox"/> \$1,270
Intermediate Payroll Concepts	<input type="checkbox"/> \$845	<input type="checkbox"/> \$910	<input type="checkbox"/> \$991
Advanced Payroll Concepts	<input type="checkbox"/> \$845	<input type="checkbox"/> \$910	<input type="checkbox"/> \$991
Strategic Payroll Practices	<input type="checkbox"/> \$845	<input type="checkbox"/> \$910	<input type="checkbox"/> \$991

City: _____

Date: _____ Course Code: _____

Virtual Sessions	APA Member	Colleague of APA Member	Non-Member
Payroll Practice Essentials**	<input type="checkbox"/> \$1,075	<input type="checkbox"/> \$1,140	<input type="checkbox"/> \$1,270
Intermediate Payroll Concepts **	<input type="checkbox"/> \$845	<input type="checkbox"/> \$910	<input type="checkbox"/> \$991
Advanced Payroll Concepts **	<input type="checkbox"/> \$845	<input type="checkbox"/> \$910	<input type="checkbox"/> \$991
Strategic Payroll Practices **	<input type="checkbox"/> \$845	<input type="checkbox"/> \$910	<input type="checkbox"/> \$991

Date: _____ Course Code: _____

I want to JOIN APA now: One-Year Annual Membership Dues†
\$219 + One-Time Enrollment Fee = \$254



Summary

Class (checked above): \$ _____
Membership dues (if applicable): \$ _____
Total Amount Paid: \$ _____

*All classes run for two days except for Payroll Practice Essentials. It is a three-day class and is priced accordingly.

** Payroll Practice Essentials: Virtual Classroom will meet for nine two-hour sessions. Intermediate Payroll Concepts, Advanced Payroll Concepts, and Strategic Payroll Practices: Virtual Classroom courses will meet for six two-hour sessions.

Registrant's Primary Address

Ms. Mr.

First Name: _____ Middle Initial: _____

Last Name: _____

Member ID#: _____ Colleague ID # (if applicable): _____

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 PAYTECHonline)

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

Needed for new member enrollment

Birth date: _____ / _____ / _____

Special Dietary Request:

Vegetarian Gluten-free Kosher

†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. Members of the American Payroll Association receive PAYTECH magazine as part of their annual dues of \$219, \$50 of which is allocated for their subscription to PAYTECH, which is nonrefundable therefrom.

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? _____

Payment Information

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

Currency Converter: www.americanpayroll.org

Three Enrollment Options:

Online Fax Mail

offers.americanpayroll.org/series (210) 224-6038 To address below

I authorize the API Fund for Payroll Education, Inc. to **CHARGE** my:



Credit Card #: _____

Exp. Date: _____ Card is: Corporate Personal

Name on credit card: _____

Signature of cardholder: _____

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

Make **CHECK** payable and mail to:

API Fund for Payroll Education, Inc.

c/o American Payroll Association

660 North Main Avenue, Suite 100

San Antonio, TX 78205-1217

Phone: (210) 224-6406, M - F, 8 a.m. - 6 p.m. CT

Email: apa@americanpayroll.org

Visit: www.americanpayroll.org

Registration Confirmation

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. If you have special dietary needs or have a disability and require special services, please contact APA Membership Services at (210) 224-6406, M - F, 8 a.m. - 6 p.m. CT, at least 14 days in advance of the meeting.

Last updated January 2012

EMT: B E W

For Office Use Only:

Date: _____ Order #: _____ Batch #: _____

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