

2012 Payroll Issues for Multi-State Employers Registration Form

Register online: offers.americanpayroll.org/multi

Your Registration Includes:

- An individual copy of the course workbook
- 6 RCHs, 0.6 CEUs, or 7 CPE credits
- Networking continental breakfast during registration
- On-site networking luncheon with class attendees and instructor
- Refreshments during breaks

Registration: 7:30 a.m. - 8:00 a.m. • Class: 8:00 a.m. - 4:00 p.m.

Please copy this form to register more than one participant.
Please print clearly to avoid errors in your registration.

Please register me for the following **Payroll Issues for Multi-State Employers** seminar:

City: _____ Date: _____ Course Code: _____

- I am an APA MEMBER.....\$405
Member's ID #: _____
(Update your contact information at www.americanpayroll.org)
- I am a COLLEAGUE of an APA Member (at the same street address) \$480
Colleague's ID #: _____
Member's Name: _____
Member's ID #: _____
- I would like to join APA now and register at the member rate.....\$659

Class Registration Fee at Member Rate \$405
Annual Membership Dues*..... \$219
One-Time Enrollment Fee \$ 35
TOTAL \$659

- I am NOT an APA Member or Colleague.....\$570

Please register me for the following Webinar or Webinar On Demand:

	Live	On Demand	
Segment 1	<input type="checkbox"/> 12MUL01L	<input type="checkbox"/> 12MUL01R	\$165 [†]
Segment 2	<input type="checkbox"/> 12MUL02L	<input type="checkbox"/> 12MUL02R	\$165 [†]
Segment 3	<input type="checkbox"/> 12MUL03L	<input type="checkbox"/> 12MUL03R	\$165 [†]
Segment 4	<input type="checkbox"/> 12MUL04L	<input type="checkbox"/> 12MUL04R	\$165 [†]
All 4 Segments	<input type="checkbox"/> 12MUL00L	<input type="checkbox"/> 12MUL00R	\$405 [†]

You 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.

Registrant's Information

Ms. Mr. First Name: _____ MI: _____
Last Name: _____
Title: _____
Organization: _____
Street Address: _____
City: _____
State/Province: _____ Country: _____
Zip + 4-digit/Postal Code: _____ + _____
Telephone: _____ Fax: _____
(Area/Country Code) (Area/Country Code)
Email: _____

(For official APA communications, registration confirmations, webinar materials, *Payroll Currently*, and PAYTECHonline)

Needed For New Member Enrollment:

Birth date: _____ / _____ / _____

Special Dietary Request: Vegetarian Gluten-Free Kosher

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/multi (210) 224-6038 To address below

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

American Express MasterCard VISA

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) • Fax: (210) 224-6038

Email: apa@americanpayroll.org • Visit: www.americanpayroll.org

**Dues are subject to change without notice and are nonrefundable. Membership is on an individual basis; corporate memberships are not available. 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. 100% of APA membership dues are deductible as an ordinary business expense.*

Last updated January 2012

EMT: BEW

For Office Use Only:

Date: _____ Order #: _____ Batch #: _____ Group #: _____
Check #: _____ C/P: _____ Total: \$ _____