

Church Accounting & Clergy Tax Seminar®

Registration Form

Please send registration form and payment to
Davis Associates, CPAs by Friday, January 20, 2012

Name of Church/Organization _____

Full Address _____
Street City State Zip

Telephone () _____

Number of Attendees _____

Fees:	Pre-Paid Registration	\$125 per person
	Seminar Manual	\$ 65 per manual
	Total Fee	\$190
	Fee Enclosed	_____
	On-Site Payment	\$150*

Seminar Manual is not included in the registration fee but is recommended for first time attendees.
Total fee is \$190 for the pre-paid registration and manual.

*- Registrants paying on site may purchase a seminar manual while supplies last.

Name of Attendees _____

Mailing Address:

Davis Associates, CPAs
4119 N. Hwy 67 * Florissant, MO 63034
Phone: (314) 653-0008 * Fax: (314) 653-0019
www.DavisAssociatesCPA.com

Method of Payment	Check	MasterCard	Visa	Discover
Card Number	_____	_____	Expiration Date	_____
Name on Card	_____	_____	Security Code	_____