

43rd Annual Payroll Congress - Registration Form

Register and make housing reservations at: PayrollCongress.com/housing

1	Registrant Information
Name: _____	
Title: _____	
Organization: _____	
Street Address: _____	
City: _____ State/Province: _____ Country: _____	
Zip + 4-digit/Postal Code: _____	
Telephone: _____ <small>(Area/Country Code)</small>	
Fax: _____ <small>(Area/Country Code)</small>	
Email: _____ <small>(For official PayrollOrg communications, registration confirmations, Payroll Currently, and PAYTECH-Digital.)</small>	
Please indicate if you are: <input type="checkbox"/> CPA <input type="checkbox"/> PA <small>(For NASBA reporting purposes.)</small>	
Needed for account verification: Birth date _____ / _____ / _____	
<input type="checkbox"/> I am a PayrollOrg MEMBER Member's ID #: _____ <small>(Update your contact information at Payroll.org)</small>	
<input type="checkbox"/> I am a COLLEAGUE of a PayrollOrg MEMBER (at the same company) Colleague's ID #: _____ Member's Name: _____ Member's ID #: _____	
<input type="checkbox"/> I am NOT a PayrollOrg Member or Colleague	
Special Dietary Request	
<input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten-Free <input type="checkbox"/> Kosher <input type="checkbox"/> Peanut Allergy	
<input type="checkbox"/> Dairy Allergy <input type="checkbox"/> Halal <input type="checkbox"/> Vegan <input type="checkbox"/> Shellfish Allergy	
<input type="checkbox"/> I have read the additional info for onsite meal requests found online.	
<u>All Attendees Please Complete This Section</u>	
<input type="checkbox"/> I have read and agree to the Event Policies found at Payroll.org/ policies, which include a Code of Conduct and an Attendee Liability and Waiver of Claims.	
In case of emergency, contact:	
Name: _____	
Relation to Attendee: _____	
Daytime Phone: _____	
Evening Phone: _____	
I will be staying at this hotel: _____	

2	Order Form
Event Code: 25CONGRS	Fees
All-Access Pass includes Payroll Congress registration and Virtual Congress registration. Colleagues and Nonmembers also receive a 1-year PayrollOrg Membership.	MEMBER: \$2,230 COLLEAGUE: \$2,410 NONMEMBER: \$2,510
Three-Day Pass	MEMBER: \$1,950 COLLEAGUE: N/A NONMEMBER: \$2,520
Two-Day Pass	MEMBER: \$1,300 COLLEAGUE: N/A NONMEMBER: \$1,680
One-Day Pass	MEMBER: \$650 COLLEAGUE: N/A NONMEMBER: \$840
Guest Ticket Expo Cocktail Reception, Dinner, and Party on Wednesday, 14 May: \$100 per guest Quantity: _____ \$ _____	
Registration Amount: <input type="checkbox"/> All-Access Pass \$ _____ Day Pass(es): <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	
Total Payment: \$ _____	

3	Payment Information
<small>Payment in U.S. dollars must accompany registration form. Currency Converter: www.xe.com</small>	
Purchase Options:	
<input type="checkbox"/> Online PayrollCongress.com	<input type="checkbox"/> Mail To address below
CAMPAIGN CODE _____	
DISCOUNT AMOUNT US\$ _____	
<input type="checkbox"/> CREDIT ON ACCOUNT	
<input type="checkbox"/> PURCHASE ORDER # : _____ <small>(government agencies/universities only)</small>	
<input type="checkbox"/> CHECK # : _____	
Please contact Customer Service at +1 210-224-6406 if you need assistance with placing your order.	
Make CHECK payable and mail to:	
PayrollOrg	
660 North Main Avenue, Suite 100 San Antonio, TX 78205-1217 USA	
Email: CustomerService@payroll.org • Visit: Payroll.org Phone: +1 210 224 6406 • M-F, 7 a.m. – 5 p.m. CT	

EMT: WEB

Last updated January 2025

For Office Use Only:	Date: _____	Order #: _____	Batch #: _____
Group #: _____	Check #: _____	C/P: _____	Total: \$ _____