

2023 Strategic Leadership Certificate Program | Registration Form

Register online: www.americanpayroll.org/LCP.html

1 Registration

I would like to:

Register for the following Certificate Program:

DATE	COURSE CODE
April 12-14	23LCP01Z

I am an APA Member\$1,379
ID #: _____

I am a COLLEAGUE of an APA Member (at the same street address).....\$1,509
Colleague's ID #: _____
Member's Name: _____
Member's ID #: _____

I would like to join APA now AND register at the member rate.....\$1,712

Class Registration Fee at Member Rate	\$1,379
Annual Membership Dues*.....	\$298
One-Time Enrollment Fee.....	\$35
TOTAL	\$1,712

I am not an APA Member or Colleague..... \$1,649
ID # (if known): _____

2 Registrant Information (please print)

Registrant's Primary Address

Name: _____

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 PAYTECH-Digital)

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

Needed for account verification

Birth date: ____/____/____

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: _____

3 Payment Information

Payment in U.S. dollars must accompany registration form.
Currency Converter: www.xe.com

Three Enrollment Options:

Online Fax Mail
www.americanpayroll.org/LCP.html (210) 224-6038 To address below

I authorize the API Fund for Payroll Education, Inc. to CHARGE my:
 American Express Discover Mastercard Visa

Card is: (check one) Corporate Personal

Card #: _____

Exp. Date: _____ CVV Code: _____

Name on Credit Card: _____

Signature of Cardholder: _____

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

Make CHECK payable and mail to:

American Payroll Association

660 North Main Avenue, Suite 100

San Antonio, TX 78205-1217

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

Phone: (210) 224-6406 • M-F, 7 a.m. - 5 p.m. CT

I have read and agree to the Event Policies found at
<http://bit.ly/APA-policies>.

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? _____

*Membership dues are subject to change without notice and are nonrefundable. Membership is on an individual basis; corporate memberships are not available. 100% of APA 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.

Registration Confirmation

You will receive an email confirmation of your registration and class date after payment has been received and processed. If you have not received a confirmation email one week prior to your seminar, please contact Customer Service at the number above.

If you require special services, please call Customer Service at (210) 224-6406 at least 14 days in advance of the event.

Last updated: February 2023

EMT: 9V

For office use only:

Date: _____ Order #: _____ Batch #: _____

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