

Passport Registration Form 2021/22

CONTACT NAME: (please print) _____ ID # _____

CATEGORY: CPA ____ CPA CANDIDATE ____ OTHER (please specify) _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

E-MAIL: _____ PHONE: _____

PASSPORT PRICING

PERSONAL (40 credits) \$800 _____

CORPORATE (40 credits) \$1000 _____

SUBTOTAL _____

ADD 5% GST _____
(GST # R107508558)

TOTAL _____

**Your confirmation is your receipt.
Please make sure you receive one!**

PAYMENT INFORMATION

CHEQUE ____ VISA ____ MASTER CARD ____

CARD #: _____ Expiry Date: _____

CARD HOLDER: (please print) _____

AUTHORIZED SIGNATURE OF CARDHOLDER: _____

TO REGISTER: FAX: 306.347.8580 (Credit card only)

Email: rday@cpsk.ca

MAIL CHEQUES TO: CPA Saskatchewan 101- 4581 Parliament Avenue, REGINA, SK. S4W 0G3

The undersigned has read, understood and agrees to be bound by the terms and conditions of the PD passport as outlined in the Saskatchewan PD calendar outlined.

Signature: _____ **Date:** _____