REGISTRATION FORM

MEMBER NAME:			
MEMBER NUMBER:			
COMPANY NAME:			
EMAIL:			
PHONE NUMBER:			
ROLE/TITLE		DESIGNATION:	

☐I confirm that my role/title and company name may be shared with the relevant seminar leader for the purposes of their advance preparation for their intended audience at CPA Bermuda's discretion (tick box to confirm).

Code PD 1920-	**Course Title**	**Date**	**Course Fee**
		TOTAL	

PAYMENT INFORMATION

Registrations cannot be processed until payment is received.

Payments can be sent via : Fax Number: 441-295-3121 or **Email**: cpd@cpabermuda.bm

☐Check ☐Visa ☐MasterCard ☐Bank Transfer

Chartered Professional Accountants of Bermuda: #20-006-060-036003-100 Bank of Butterfield

Card Number																		Expiry Date				CVC Number
				-					-					-								

Card Holder's Name:	
Cardholder's Email:	
Authorized Signature of Cardholder:	
Date (DD/MM/YY) :	_____/_____/_____

For Internal Use Only

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