

Date:

STUDENT DATA (please print)

CPA Number:
 First Name:
 Last Name:

Student Information:

Organization Name:
 Title:
 Address:
 City: Prov:
 Postal Code:
 Tel.: Ext:
 Fax:
 Email:

TEST CENTRE BOOKING INFORMATION:

(Note: Individuals should book a session for a 3 hours and 15 minutes test at a Test Center)

Test Centre Name:
 Mailing Address:
 City, Province:
 Postal Code:
 Contact Person:
 Contact Phone Number:
 Scheduled Exam Date:
 Scheduled Exam Tme:

Note : This form should be sent to us 15 business days prior to the scheduled exam date

PAYMENT INFORMATION

Amount Enclosed:

Cheque Money Order

Payable to: The Canadian Payroll Association

(See Registration Fee table. Postdated cheques not accepted.)

Credit Card (Visa MC AMEX)

Credit Card Number:

Expiry date: MM YY

Cardholder's Name:

Cardholder's Signature:

GST/HST # R100769918 / QST# 1013458720

Complete this form and submit with payment to:

The CPA National Office
 c/o Certification
 1600-250 Bloor Street East, Toronto, ON M4W 1E6
 OR
 Fax: 416-487-3384

For Assistance email: certification@payroll.ca
 Phone: 416-487-3380 / 1-800-387-4693 ext: 272

NSF Cheques: A \$25 charge will be applied to cheques that are returned due to "Not Sufficient Funds" (NSF) or stopped payment. The CPA may withhold further services until payment of the NSF charge is received.

Privacy Policy: The CPA does not sell trade or disclose personal information to third parties. We do however distribute information about products and services, such as legislative updates, events and professional development programs. If you DO NOT wish to receive such communications from The CPA, please indicate so below:

I do not wish to receive such information from The CPA

REGISTRATION FEES		5% GST (AB, BC, MB, NT, NU, PE, SK, YT)	5% GST + 9.975% QST (QC)	13% HST (ON)	15% HST (NB, NL, NS, PE)
Fee	\$19.95	\$20.95	\$22.94	\$22.54	\$22.94

