## **WVSCPA Annual Meeting Registration Form**

June 19-22, 2024

Registration deadline is May 31, 2024

Name:	Email:				
Firm/Employer:					
Address: City:		State:	Zip:	Phone:	
Full Registration. This	REGISTRATION INST unt, please check mark ALL individual includes guest registration as well. Wals, you must contact the Society offi	I events you plan to e <u>will not</u> process in	attend during the accomplete registr	e Annual Meeting, <b>even if you a</b> leation forms without checked ever	
	Registration: (Must check all	you will attend)			
	y CPE (3.5 hours)			day Sponsor Reception	
	y Welcome Reception			/ CPE (4.5 hours)	
	CPE (4.5 hours)			/ Golf Scramble ❖ - Start Time – 12:3	30 pm
<u>-</u>	Golf Tournament 💠 Start Time – 12:30 pm		-	/ Installation Reception & Dinner	
·	Croquet Tournament – Must sign up below PE Registration: ( <u>Must</u> check a			day CPE (2 hours)	
	hr): <b>\$90.00</b> Fri. (4.5 hr): <b>\$120.</b> 0	-	,		1
· ·	hr): <b>\$120.00</b>				
	_ , , , , , , , , , , , , , , , , , , ,	L ACTIVITIES	& GUEST(S	3)	
or our most accurat	e count, please check mark ALI				nual Meetir
	s (Must be non-WVSCPA me	mher):			
	•		en minten tine a have	Adult Vouth	
initiai Guest Na	me: (Receives events below for \$175	o with full member i	egistration above	e) Adult Youth	
☐ <b>B.</b> Thursda☐ <b>C.</b> Thursday	ay Welcome Reception   \$45/adult or y Sponsor Reception   \$25 Golf Tournament ❖ Paid to Greenbrid Croquet Tournament   FREE! Must C	er – Start 12:30 pm	,		
☐ <b>E.</b> Friday Go	olf Scramble 🌣 Paid to Greenbrier – S	tart 12:30 pm			
	tallation Reception/Dinner   <b>\$165</b> /adu		2 year olds)		
Professiona	al photos will be taken during the re	eception.			
☐ Additional gue					
Individual Gues	st Names:	Adult	outh A B	C D E F	
All fees include t  ❖ Guest room, gr	eens fees, cart/club rentals, additi	onal activities/din	ing fees are the	e responsibility of each registra	ant and are
paid directly to The G	Greenbrier Resort. Late golf cance	llation fees may b	e charged to th	e credit card provided.	
OTAL REGISTRA	TION PAYMENT: \$		(NO re	funds issued after June 1, 2	024)
Paid Online	Check payable to WVSCPA	☐ Credit Ca	rd (Amex, Vis	a, MasterCard, Discover)	
Name on Card:					
Billing Address:					
Card #:		Exp. Date:		Security Code:	