

REGISTRATION FORM

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The CNAP Program: Live Online Webinar Program Dates: November 3, 4, 10, 11, 17, & 18, 2021

Name/Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

How did you learn about CNAP? Website Invitation Brochure Other: _____

(If registering more than 1 person from your organization, please fill out a separate form for each person.)

Payment Options: Fee includes registration and tuition.

By check:

\$795 Please make check payable to BWK Rogers PC

By credit card: \$795 Please charge the card indicated below.

Visa MasterCard American Express Discover

Account Number: _____ Exp. Date: _____

Zip Code: _____ Security Code: _____

Signature: _____

DEADLINE: Registration & Payment MUST BE RECEIVED by Friday, October 22, 2021

Please return this registration form with payment and employment verification letter to:

BWK Rogers PC
CNAP Registration
431 South 7th Street #2424
Minneapolis, MN 55415
612-332-5446 ext. 115

