

REGISTRATION FORM

Sponsored By:



BWK Rogers PC
CERTIFIED PUBLIC ACCOUNTANTS

The CNAP Program: Minneapolis, MN Program Dates: September 25-27, 2019
(Lunch Included)

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, tuition and meals.

By check:

\$935 Please make check payable to BWK Rogers PC

By credit card: \$935 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, September 13, 2019

Please return this registration form with payment and employer's letter to:

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

