

OSEA Annual Seminar

Mail-In Registration Form

for October 26 and 27, 2017

(Please Print)

First & Last Name of Person Attending: _____

Name of Firm: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code: _____ Phone Number: _____ FAX Number: _____

Your Designation: (Select one) EA () CPA () AFSP () Other ()

Registration Option: (Select one) OSEA Member - \$200.00 () Non-Member - \$225.00 ()

PTIN Number: (Required for EA's) _____

Payment Method: (Select one) Check () Money Order () Credit Card ()

Which Credit Card: (Select one) Visa () MasterCard () Discover () AMEX ()

Exact Name on Card: _____

Credit Card Number: _____

Expiration Date: (mm/yy) _____

CSC Number: _____

(The last 3 digits on the back of card or the last 4 digits on the front of an AMEX card)

Please make checks or money orders payable to **OSEA**.

Mail this form, plus full payment, to:

Oklahoma Society of Enrolled Agents

c/o Barbara Pritchard

6204 N. State St.

Oklahoma City, OK 73122