

January 2025 CPE - Registration Form

I would like to register for the following seminars:

Date	Location	Topic	AM	PM
January 24	Zoom LVC	Form 1040 Advanced Practitioner Preparation	<input type="checkbox"/>	
January 28	Zoom LVC	Form 1041 Advanced Practitioner Preparation (Estates up to \$10M)	<input type="checkbox"/>	

Registration Fees: **MAA Members:** \$170.00 (4 CPE) **Non-Members:** \$195.00 (4 CPE)

Total registration \$ _____ check made payable to MAA is enclosed Please charge my credit card

NAME _____ TELEPHONE # _____

CARD MAILING ADDRESS _____

ADDITIONAL PERSON(S) ATTENDING _____

Please send a confirmation by e-mail. My address is _____

Mail to: MAA, 607 North Avenue D16-4, Wakefield, MA 01880, ☎ 781.246.7788 or 📠 781.246.7873

   _____ Exp. Date Required ____/____/____

Name on Card _____

Signature: _____



CANCELLATION POLICY: Cancellations must be received three business days prior to the seminar for a full refund. Otherwise, there will be a charge of \$50.00 representing a cancellation fee. No refunds for no-show registrant or if electronic course materials have been acquired. Substitutions welcomed, notify MAA.