



2015 Annual Statewide All Day Payroll Education Seminar REGISTRATION FORM

COMPANY INFORMATION

Company Name: _____
 Company Address: _____
 City: _____ State: _____ Zip Code: _____

INDIVIDUAL INFORMATION

**Fees: UPSTATE SCAPA MEMBER: \$50, NON-MEMBER: \$75
 6TH PARTICIPANT IS FREE**

						FEES	
						Member	Non-member
						\$50	\$75
1 Name/Title: _____							
Phone: _____ Email: _____							
Membership:	Upstate SCAPA?	Yes	No	National APA?	Yes	No	
Certification:	CPP?	Yes	No	FPC?	Yes	No	\$
2 Name/Title: _____							
Phone: _____ Email: _____							
Membership:	Upstate SCAPA?	Yes	No	National APA?	Yes	No	
Certification:	CPP?	Yes	No	FPC?	Yes	No	\$
3 Name/Title: _____							
Phone: _____ Email: _____							
Membership:	Upstate SCAPA?	Yes	No	National APA?	Yes	No	
Certification:	CPP?	Yes	No	FPC?	Yes	No	\$
4 Name/Title: _____							
Phone: _____ Email: _____							
Membership:	Upstate SCAPA?	Yes	No	National APA?	Yes	No	
Certification:	CPP?	Yes	No	FPC?	Yes	No	\$
5 Name/Title: _____							
Phone: _____ Email: _____							
Membership:	Upstate SCAPA?	Yes	No	National APA?	Yes	No	
Certification:	CPP?	Yes	No	FPC?	Yes	No	\$
6 Name/Title: _____							
Phone: _____ Email: _____							
Membership:	Upstate SCAPA?	Yes	No	National APA?	Yes	No	
Certification:	CPP?	Yes	No	FPC?	Yes	No	FREE
TOTAL FEES						\$	\$

If additional space is needed, please include a second registration form.
 Make checks payable to **Upstate SCAPA** and mail with registration form to:
 Upstate SCAPA
 PO Box 1681
 Greenville, SC 29602