



Church Accounting & Clergy Tax Seminar®

Registration Form

Saturday January 19, 2019

The Heights

8001 Dale Avenue Richmond Heights, MO 63117

Registration: 8:45 a.m. ♦ Seminar: 9 a.m. – 4 p.m. (Continental Breakfast & Lunch is included)

Name of Church/Organization: _____

Email Address: _____

Mailing Address: _____
Street

_____ City State Zip

Telephone _____ Contact Person _____

SELECT YOUR REGISTRATION			
Quantity	Price	Description	Total
	\$265	General Registration (Digital manual included with registration)	
	\$75	Hardcopy of Seminar Manual	
	\$325	On Site Registration	

Total Amount \$ _____

Name of Attendees: _____

Registration Options: Mail * Online * Email * Fax * Telephone

Method of Payment (Circle One) Check MasterCard Visa Discover AMEX

Card Number: _____ Expiration Date: ____/____

Name on Card: _____ Security Code: _____

Contact Information



Davis Associates, CPAs
4119 N Hwy 67 | Florissant, MO 63034
Phone 314.653.0008 | Fax 314.653.0019
www.DavisAssociatesCPA.com
Email: dmdcpa@DavisAssociatesCPA.com

