



## 2019 Annual Statewide All Day Payroll Educational Seminar REGISTRATION FORM

### COMPANY INFORMATION

Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### INDIVIDUAL INFORMATION

**Fees: UPSTATE SCAPA MEMBER: \$55, NON-MEMBER: \$85  
 6TH PARTICIPANT IS FREE**

					FEES	
					USCAPA Member	Non-member
					\$55	\$85
1 Name/Title: _____						
Phone: _____ Email: _____						
Membership:	Upstate SCAPA?	Yes	No	National APA? ID# _____		
Certification:	CPP/FPC	Yes	No			
					\$ _____	\$ _____
2 Name/Title: _____						
Phone: _____ Email: _____						
Membership:	Upstate SCAPA?	Yes	No	National APA? ID# _____		
Certification:	CPP/FPC	Yes	No			
					\$ _____	\$ _____
3 Name/Title: _____						
Phone: _____ Email: _____						
Membership:	Upstate SCAPA?	Yes	No	National APA? ID# _____		
Certification:	CPP/FPC	Yes	No			
					\$ _____	\$ _____
4 Name/Title: _____						
Phone: _____ Email: _____						
Membership:	Upstate SCAPA?	Yes	No	National APA? ID# _____		
Certification:	CPP/FPC	Yes	No			
					\$ _____	\$ _____
5 Name/Title: _____						
Phone: _____ Email: _____						
Membership:	Upstate SCAPA?	Yes	No	National APA? ID# _____		
Certification:	CPP/FPC	Yes	No			
					\$ _____	\$ _____
6 Name/Title: _____						
Phone: _____ Email: _____						
Membership:	Upstate SCAPA?	Yes	No	National APA? ID# _____		
Certification:	CPP/FPC	Yes	No			
					FREE	FREE
<b>TOTAL FEES</b>					\$ _____	\$ _____

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