

## Registration

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### To Register:

Complete this registration form and mail to: Metro-Detroit CPA Review  
35366 Lancashire  
Livonia, MI 48152

Make check payable to: BLS Enterprises

### Registration Form:

<u>Topic</u>	<u>Starting Date<sup>1</sup></u>	<u>Tuition<sup>2</sup></u>
<input type="checkbox"/> Audit	_____	\$ _____
<input type="checkbox"/> Financial	_____	\$ _____
<input type="checkbox"/> Regulation	_____	\$ _____
<input type="checkbox"/> BEC	_____	\$ _____

1. Refer to the appropriate schedule included in this package.
2. Refer to the tuition schedule included in this package. If you are employed by or have a degree from a sponsoring organization, indicate the name of the organization: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_