

KyCPA Fall Awards Banquet

Friday, October 25, 2019
 Greens Lodge, The Parklands at Floyds Fork– Louisville
 Reception – 6:30 p.m./Dinner – 7:00 p.m.
Reservation Form – RSVP by October 17

Please list the names of all award recipients, exam candidates, new CPAs and KyCPA members who are attending and check all that apply. Award recipients will be recognized for achieving high scores on the CPA exam; candidates have passed all four parts of the exam and are awaiting certification; new CPAs have been approved for a Kentucky CPA certificate. Non-member guest names are not required.

Name _____	<input type="checkbox"/> Award Recipient	<input type="checkbox"/> Candidate	<input type="checkbox"/> New CPA	<input type="checkbox"/> KyCPA Member
Name _____	<input type="checkbox"/> Award Recipient	<input type="checkbox"/> Candidate	<input type="checkbox"/> New CPA	<input type="checkbox"/> KyCPA Member
Name _____	<input type="checkbox"/> Award Recipient	<input type="checkbox"/> Candidate	<input type="checkbox"/> New CPA	<input type="checkbox"/> KyCPA Member
Name _____	<input type="checkbox"/> Award Recipient	<input type="checkbox"/> Candidate	<input type="checkbox"/> New CPA	<input type="checkbox"/> KyCPA Member
Name _____	<input type="checkbox"/> Award Recipient	<input type="checkbox"/> Candidate	<input type="checkbox"/> New CPA	<input type="checkbox"/> KyCPA Member
Name _____	<input type="checkbox"/> Award Recipient	<input type="checkbox"/> Candidate	<input type="checkbox"/> New CPA	<input type="checkbox"/> KyCPA Member

Company name (to be listed on program) _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Please complete the following:

_____ Award Recipients	@ FREE =	\$	_ -0- _
_____ Candidates	@ FREE =	\$	_ -0- _
_____ New CPAs	@ FREE =	\$	_ -0- _
_____ Guests	@ \$50 each =	\$	_____
_____ KyCPA Members	@ \$50 each =	\$	_____
Total number attending*	Total due	\$	_____

* Groups of 10 will be seated at a reserved table.

<input type="checkbox"/> Check	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> AMEX
____ Personal	____ Company		
Card # _____		Expiration Date _____ / _____	
Signature _____		CVV # _____	

RSVP by October 17 to Tawni Miller, KyCPA, 1735 Alliant Avenue, Louisville, KY, 40299-6326, tmiller@kycpa.org.