

Check Remit

Please attach checks to this form and forward to the FICPA for a Chapter Event

Chapter's Name: _____

Chapter Event Name: _____

Event Date: _____

Check signer's Name (please print): _____

Member ID #: _____

Firm: _____

Meal Choice (if applicable):

Please mail the check and Remit Form to:

Florida Institute of CPAs
3800 Esplanade Way Ste 210
Tallahassee, FL 32311-6103

Please make checks payable to: **FLORIDA INSTITUTE OF CPAs**