



---

**CHAPTER CHECK REMIT FORM**

*(Use one form per check registration.)*

**Chapter's Name:** \_\_\_\_\_

**Chapter's Event Name:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_

**Check Signers Name** (please print): \_\_\_\_\_

**Member ID:** \_\_\_\_\_

**Firm:** \_\_\_\_\_

**Meal Choice (If applicable):** \_\_\_\_\_

**Please mail this completed form along with the check to:**

Florida Institute of CPAs  
250 South Orange Avenue Suite 300P  
Orlando, FL 32801

**Please make checks payable to: Florida Institute of CPAs**