



**Registration Form**

Organization: \_\_\_\_\_

Name(s):	Member	Guest	Dinner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**The dinner selection will be as follows:**                      Total                      \$ \_\_\_\_\_                      + \_\_\_\_\_                      + \_\_\_\_\_

1. Grilled Filet Mignon                      2. Baked Stuffed Shrimp                      3. Chicken Francaise

**Payment**

Please select method of payment:		<input type="checkbox"/> Check	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Card Number:	_____	Exp. Date:	_____		
Security Code:	_____ (3 digits on back of card)	Amount: \$	_____		
Billing Address:	_____				
City/State/Zip:	_____				
Cardholder Signature:	_____				

**Mail to:**                      FMS Boston Chapter  
   c/o CBA  
   10 Waterside Drive  
   Farmington, CT 06032

**or Fax: (860-677-5066)**  
**Please send in your registration form**  
**by January 11, 2010**

FMS Boston Chapter is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be addressed to the National Registry of CPE Sponsors, 150 Fourth Avenue North, Nashville, TN 37219-2417. Website: [www.nasba.org](http://www.nasba.org)

**Meeting notifications are distributed by e-mail only. If you wish to change your e-mail address, please enter it here:**

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For information regarding refunds, complaints, and program cancellation policies, please contact Stephen McHugh at (617) 292-9616 or [www.fmsboston.org](http://www.fmsboston.org) under administrative policies for details on refunds, complaints and cancellation policies.