

MNCPA

**2020**

**YPG CAPTAIN PROGRAM**



**Registration form**

Name \_\_\_\_\_

Firm/Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

**To register, return this form to:**

Jessica Rislove  
1650 W 82nd St.  
Suite #600  
Bloomington, MN 55431  
**Email:** jrislove@mncpa.org

[www.mncpa.org/ypg](http://www.mncpa.org/ypg)

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