

Official Record of Attendance for Continuing Professional Education Credits (CPE)

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Conference Title: _____

Date: _____
Duration: 1:00 PM to 2:50 PM, Eastern Time

PLEASE PRINT

Name		<p>CPE PROCESSING PAYMENT OPTIONS (x ONE): (note: program registration does not include payment for optional CPE processing)</p> <p>CPE credit processing is provided at \$5.00 per person.</p> <p><input type="checkbox"/> Payment already made upon registration</p> <p><input type="checkbox"/> Check (make payable to Strafford)</p> <p><input type="checkbox"/> Credit Card Select Type: <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Am Exp <input type="checkbox"/> Disc</p> <p>Account No: _____</p> <p>Exp. Date: _____</p> <p>Billing Address: _____</p> <p>_____</p> <p>Signature: _____</p>
Company Name		
Address		
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Signature	<p style="font-size: 2em; color: gray;">Please sign here.</p> <p style="font-size: 0.8em;">Your signature above is your attestation that you listened to the entire seminar</p>	

***The CPE Code was announced during the program and must be included in order for you to receive your CPE credits**

NOTE: State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Please make copies of this page to list any additional attendees.

MAIN REGISTRANT:

Name: _____

Firm Name: _____

RETURN FORM WITHIN 7 DAYS:

FAX: 678-399-2970

EMAIL: CPE@straffordpub.com

MAIL: Strafford, P.O Box 13729 Atlanta, GA 30324



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listening time: _____
