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Provider: Strafford, 590 Dutch Valley Rd. NE, P. O. Box 13729, Atlanta, GA 30324
Conference Title: PCAOB Auditing Standard 7 and AICPA SQCS No. 7

Date: December 16, 2009
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 \$35.00 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>
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Signature	Your signature above is your attestation that you listened to the entire seminar	

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

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MAIN REGISTRANT:

Name: _____

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