

GSCPA LEADERSHIP ACADEMY
NOMINATION FORM

I would like to nominate the following individual(s) for the *2008 GSCPA Leadership Academy*.

Name: _____

Employer: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Employer: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Employer: _____

Address: _____

Phone: _____ Email: _____

Name of Nominator: _____

Signature: _____

Applications will be mailed directly to nominees.

Please complete this form and return it to the GSCPA by **May 5, 2008**.

Nealy Wheat
Georgia Society of CPAs
3353 Peachtree Road NE, Suite 400
Atlanta, GA 30326
404-504-2942 * Fax: 404-237-1291
nwheat@gscpa.org