

**CASH FOR PROFESSIONAL AWARENESS**  
**APPLICATION**

**CONTACT INFORMATION**

Name of Institution \_\_\_\_\_  
Faculty Contact \_\_\_\_\_  
Faculty \_\_\_\_\_  
Faculty Phone \_\_\_\_\_  
Address of \_\_\_\_\_  
\_\_\_\_\_

**PROGRAM OVERVIEW**

Program Title \_\_\_\_\_

Program Date \_\_\_\_\_

Objective \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Target Audience \_\_\_\_\_

Expected Number of Attendees \_\_\_\_\_

Expected Costs – *provide details of all costs expected (food, beverage, giveaways, publicity, etc):*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

Is this a Beta Alpha Psi, accounting club, or other business school event?  Yes  No

If yes, please list the group sponsoring this program

\_\_\_\_\_

Please select the item(s) that you would like to distribute at your event:

- |   |   |
|---|---|
| <input type="checkbox"/> GSCPA Student Member Applications<br>Career Guide        | <input type="checkbox"/> AICPA Takin' Care of Business    |
| <input type="checkbox"/> Student Member Benefits Power Point<br>Power Point       | <input type="checkbox"/> Benefits of an Accounting Career |
| <input type="checkbox"/> 2007 Accounting Salary Guide<br>Scholarship Applications | <input type="checkbox"/> Educational Foundation           |

Please complete this form and return it to the GSCPA by **Monday, October 15, 2007** to:

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