

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

**CONTACT INFORMATION**

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

**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     | <input type="checkbox"/> AICPA Takin' Care of Business Career Guide      |
| <input type="checkbox"/> Student Member Benefits Power Point   | <input type="checkbox"/> Benefits of an Accounting Career Power Point    |
| <input type="checkbox"/> Robert Half's Accounting Salary Guide | <input type="checkbox"/> Educational Foundation Scholarship Applications |

Please complete this form and return it to the GSCPA by **Monday, October 19, 2009** to:

Don Cook, Georgia Society of CPAs  
3353 Peachtree Road NE, Suite 400  
Atlanta, GA 30326  
404-504-2935 \* Fax: 404-237-1291  
dcook@gscpa.org