



INFORMATION REQUIRED FOR RECORDING OF GSCPA CHAPTER HOURS

This form must be submitted after the presentation of all CPE chapter events.

1. Chapter Name: _____
2. Name of Presentation: _____
3. Date of Presentation: _____
4. Number of CPE Hours: _____
5. Number of A & A Hours: (if applicable) _____
6. Facility/Address: _____

7. Speakers Name: _____
8. Speakers Address: _____

Attach speaker's biography, outline of the presentation and verification of attendance forms. (Chapter hours cannot be recorded without this information.) Please send all materials together.

Please send information as soon after the meeting as possible.

If you have any questions call: 404-504-2944 or email kpeterston@gscpa.org

Mail or email completed information to:
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