



The C.P.A. INITIATIVE
Closing Package

Summary of Accounting Awareness Event

Name of Institution: _____

Date and Location of Activity: _____

Number of Attendees (include attendee list with valid email addresses): _____

Expenses Incurred (attach copies of receipts): _____

Expenses will be compared to the original budget submitted. Additional expenditures will be reviewed and considered.

Please indicate to whom the check should be made payable to: _____

Address of person listed above: _____

Synopsis of Activity (speakers, format, major accomplishments, etc)

Survey of C.P.A. Initiative Effectiveness

Please give your opinion of the C.P.A. Initiative program to include evaluation of the following:

Timing of information sent, responsiveness of students to activity, pros and cons of initiative, suggested improvements.

Please include photos, if available. We would like to publish them in Current Accounts, the Society's magazine.

Please send the completed closing package
by **April 15, 2008** to:
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404-237-1291 (fax)
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