



Chapter CPE Review Form for Programs of Four or More CPE Hours

This form is to be completed:

- For any chapter presentation of four or more hours.
- By the person responsible for the presentation.
- Returned to Jennifer Poff 30 days before the presentation.
- Speaker's biography must be attached to this form.
- Speakers' outline or copy of presentation must be attached.

Please complete or attach the following:

Chapter Name: _____

Name of Presentation: _____

Date of Presentation: _____

Location of Presentation:

Facility: _____ City: _____

Number of CPE Hours: _____ Number of A&A Hours: (if applicable) _____

Speaker's Name: _____

Company Name: _____

Speaker's Address: _____

City/State/Zip: _____

Speaker's Telephone/Fax: _____

Speaker's Email Address: _____

Mail or Fax to:

Jennifer Poff

Georgia Society of CPAs

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