



## 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 Speakers Biography, Outline of the Presentation and Verification of Attendance Forms (Chapter hours can not be recorded without this information)**

**Please mail information as soon after the meeting as possible.**

**If you have any questions call: 404-504-2939 or email [jpoff@gscpa.org](mailto:jpoff@gscpa.org)**

Mail completed information to:  
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