

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 Brochures | <input type="checkbox"/> AICPA <i>Start Going Places</i> DVD |
| <input type="checkbox"/> GSCPA Student Member Applications | <input type="checkbox"/> Benefits of an Accounting Career Power Point |
| <input type="checkbox"/> Robert Half's Accounting Salary Guide | <input type="checkbox"/> Student Member Benefits Power Point |

Please complete this form and return it to the GSCPA by **Friday, November 18, 2011** to:
Nikelle Hamada, Georgia Society of CPAs
3353 Peachtree Road NE, Suite 400
Atlanta, GA 30326
404-504-2956 * Fax: 404-237-1291
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