ALABAMA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
91st ANNUAL MEETING
Cahaba Grand Conference Center, Birmingham, AL
June 10, 2010 Members only event
$150 on or before June 1 - $25 Late Fee added June 2

Register online at www.ascpa.org
Please reproduce this form for multiple registrations
email sruss@ascpa.org or mfgarner@ascpa.org

7:00am-8:00am Registration and Chairman's Breakfast Buffet
Chair Brian Barksdale invites you to attend the Chairman's Breakfast

Morning Concurrent Sessions

Time	Session	CHOOSE ONE	SPEAKER	CREDIT	HOURS
8:00am-noon	A ☐	2010 Accounting & Auditing Update	Liz Gantnier, CPA American Institute of CPAs	A&A	4
8:00 am-noon	B ☐	Young CPA Session - Leadership and the New Generation of CPAs	Ernie Almonte, CPA Michael Kassouf, CPA Tommy Stephens, CPA	Other	4
8:00 am-noon	C ☐	The CFOs Role in Operational Control and Lean Accounting Control	John L. Daly, MBA, CPA,CMA, CPIM Executive Education	A&A	4

12:00 noon Lunch, Annual Business Meeting; ASCPA Chair Brian Barksdale presiding
Keynote Speaker: 2009-2010 Past Chair, Ernie Almonte, CPA, AICPA

Afternoon Concurrent Sessions

Time	Session	CHOOSE ONE	SPEAKER	CREDIT	HOURS
1:30pm-5:00pm	D ☐	IFRS for Small to Medium Entities	John L. Daly, MBA, CPA, CMA, CPIM Executive Education	A&A	4
1:30pm-5:00pm	E ☐	Partnership and S Corporation Tax Update and Planning Topics	Carolyn R. Turnbull, CPA, MST Moore Stephens Tiller, LLC	Tax	4
1:30pm-5:00pm	F ☐	Welcome to Windows 7 and Office 2010	Tommy Stephens, CPA K2 Enterprises	Other	4

Last Name | First Name | M.I.
Firm / Employer
Address
City | State | Zip
Business Phone | Business Fax

Email Address (for registration confirmation) _____
State Certificate Number _____ or ASCPA Member Number _____

Month Year

Cancellations & Refund Policy
REFUND POLICY: If you must cancel during the ten (10) days prior to a course, there will be no refund. However, you may name a replacement by contacting the CPE department, a $20 transfer fee applies. At any time prior to 10 days from a course, a refund less a $25 cancellation fee, will be made upon request. Mail this form and payment to:
The Alabama Society of CPAs
P.O Box 242987
Montgomery, AL 36124-2987 or
Register online www.ascpa.org

PRINT CARDHOLDER'S NAME

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Address of Cardholder

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