

**Official Record of Attendance for Continuing Professional Education Credits (CPE)**

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**Provider:** Strafford, 590 Dutch Valley Rd. NE, P. O. Box 13729, Atlanta, GA 30324-0729  
**Conference Title:** Sect. 704(c): Partnership and LLC Contributions

**Date:** August 18, 2010  
**Duration:** 1:00 PM to 2:50 PM, Eastern Time

**PLEASE PRINT**

<b>Name</b>		<p><b>CPE PROCESSING PAYMENT OPTIONS (x ONE):</b> (note: program registration does not include payment for optional CPE processing)</p> <p><b>CPE credit processing is provided at \$35.00 per person.</b></p> <p><input type="checkbox"/> Payment already made upon registration</p> <p><input type="checkbox"/> Check (make payable to Strafford)</p> <p><input type="checkbox"/> Credit Card Select Type: <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Am Exp <input type="checkbox"/> Disc</p> <p>Account No: _____</p> <p>Exp. Date: _____</p> <p>Billing Address: _____</p> <p>_____</p> <p><b>Signature:</b> _____</p>
<b>Company Name</b>		
<b>Address</b>		
<b>Email</b>		
<b>Phone</b>		
<b>CPE Code*</b>		
<b>Signature</b>	Your signature above is your attestation that you listened to the entire seminar	

**\*The CPE Code was announced during the program and must be included in order for you to receive your CPE credits**

NOTE: State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Please make copies of this page to list any additional attendees.

**MAIN REGISTRANT:**

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

**RETURN FORM WITHIN 7 DAYS:**

FAX: 404-935-0749

EMAIL: CPE@straffordpub.com

MAIL: Strafford, P.O Box 13729 Atlanta, GA 30324



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listening time: _____
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