

## SEMINAR REGISTRATION FORM

North Carolina Office of the State Controller  
College and University Accounting and Financial Reporting

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

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

State Courier Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### **Seminar Information:**

**Place:** McKimmon Center  
North Carolina State University  
Corner of Gorman Street and Western Blvd.  
Raleigh, North Carolina

**Date:** March 8, 1999  
**Time:** Registration: 8:00 a.m. - 8:30 a.m.  
Seminar: 8:30 a.m. - 5:00 p.m.

**Fees:** \$50 per attendee  
Registration fee covers the cost of materials distributed at the seminar, lunches and coffee breaks and is not refundable without a \$25 cancellation fee after March 1, 1999. Mr. Renfrow has approved the excess registration fee in accordance with the State Budget Manual, Section 5, Page 37. **The course is intended to qualify for 8 hours of CPE.**

**Dress:** Participants are encouraged to dress comfortably in business casual attire.

Please mail completed registration form and check made payable to:

Office of the State Controller  
Attn: Jill Jones  
3512 Bush Street  
Raleigh, N C 27609-7509

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