



Credit Request Form

Please fill in all the information requested including an address that is suitable for our use or attach your business card at the bottom of this sheet.

Contact Information (Required and Please Print Clearly):

Title: Mr. Mrs. Ms. Dr.

Name: _____

Speaker Registered Participant

Job Title: _____

Company: _____

Telephone: _____

Mailing Address:

**Email Address:

**Please note that you will receive your certificate via email.

I wish to receive credits for (please check):

Certified Professional Accountant

CPE – Continuing Professional Education

These are the sessions that I attended (please check)

- Main Conference Day 1 01/26/09= 7
- Main Conference Day 1 01/27/09 = 7
- Main Conference Day 1 01/28/09 = 3

Total: _____

Please attach your business here or fill out the information above.

If you have any questions, please contact Kessha Jones, Continuing Education Administrator, at kjones@iirusa.com.