HIGHLIGHTS INCLUDE

- Ethics - 2 hours
- Federal Tax Update
- State Tax Update
- IT Security Issues
- Accounting & Auditing Update

GENERAL INFORMATION

- When: Wednesday, May 13 & Thursday, May 14, 2020
- Where: Wichita Marriott
- Time: 8:00 a.m. – 4:30 p.m.
- CPE Credits: The conference is designed to qualify for 16 hours of continuing education credit.

- $405 per person 1st attendee from company
- $390 per person 2nd attendee from company
- $355 per person additional attendees from company
- $355 per person at least 10 attendees from company

Questions?

Regarding registration, contact the Center for Management Development at (316) 978-3118.

Regarding the program, contact the WSU School of Accountancy at (316) 978-3215.

REGISTRATION FORM

The Accounting & Auditing Conference is the primary fundraiser for the School of Accountancy.

Number of reservations:

- $405 per person 1st attendee from company
- $390 per person 2nd attendee from company
- $355 per person additional attendees from company
- $355 per person at least 10 attendees from company

TOTAL

Four ways to register:

- Detach form and mail to: Center for Management Development, Wichita State University, 1845 Fairmount, Wichita, KS 67260-0086.
- Call the Center for Management Development at (316) 978-3118 or 1-855-992-6345.
- Fax to the Center for Management Development at (316) 978-3962.
- On-line: webs.wichita.edu/accountancy

Company Name ____________________________
Company Mailing Address ____________________________
City __________________ State ______________ Zip____________
Office Telephone________________ Fax _________________________

Name ____________________________________________
email ____________________________________________
Name ____________________________________________
email ____________________________________________

Bill Company__________ Bill to attention of ____________
Charge to: □ Visa □ MasterCard □ American Express □ Discover
Card # ____________________________________________ Security Code ____________________ Expiration Date: ______________

Cardholder________________________________________________

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