



Robert Zicklin Center for Corporate Integrity

The 15th Annual Audit Conference December 1, 2020

CONTINUING PROFESSIONAL EDUCATION REQUEST FORM

NAME: _____
(Please print clearly and as you would like it to appear on your CPE Certificate)

EMAIL ADDRESS: _____
(We will email your CPE certificate to the above listed address.)

Please put a check next to all sessions you attended and sign at the bottom.

SESSION	SESSION TIME	TOTAL MINUTES	✓
Regulators and Standard Setters: Updates and Discussion	9:00 to 10:30 AM	90	
Critical Audit Matters	10:40 to 11:40 AM	60	

Attendee's Signature _____ **Date** _____

Please scan and email your completed form to Ruzdo.Srdanovic@baruch.cuny.edu