



**DALLAS CHAPTER
FORT WORTH
CHAPTER**

Joint Meeting and Special Training

Co-Sponsored by
The Dallas and Fort Worth Chapters

Thursday, November 21, 2002
Holiday Inn—Arlington
1507 North Watson Road

AGENDA

- 11:15 Registration
- 11:30-12:00 Buffet Lunch
- 12:00-1:00 **“Homeland Security”**
(1 hr CPE) Ken Brockman, Regional Director
U.S. Nuclear Regulatory Commission
- 1:00-3:00 **“Professional Ethics”**
(2 hrs CPE) Nita Clyde, Ph.D., CPA
Clyde Associates
(This course meets the CPA requirement
for 2 hours of ethics training)
- 3:00-4:00 **“Auditing Potential Earnings Management:
Improper Revenue Recognition”**
(1 hr CPE) Sonya Yoo, Texas Instruments Audit Services
- 4:00-5:00 Social Hour

RESERVATIONS:

Due by:
Tuesday, November 19

CONTACT:
Sherry Fincher
Metro 817.540.3171,
Ext. 223
OR
agameetings@agadallas.org

**FIRM
RESERVATIONS
PLEASE!**

PAYMENT OPTIONS:

- (1) Pay at the door
- (2) Advance payment
(see below)

REGISTRATION

Name _____ AGA Member? (Y/N) _____ AGA Chapter _____

Please complete a separate registration form for each registrant

Agency/Company _____

Address _____

City, State, Zip _____

Phone _____ E-mail (optional) _____

This training provides 4 hours of continuing professional education (CPE), including 2 hours that meet the CPA requirement for ethics training.

The Dallas Chapter has entered into an agreement with the Texas State Board of Public Accountancy to meet the requirements of continuing professional education rules covering maintenance of attendance records, retention of program outlines, qualifications of instructors, program content, physical facilities, and length of class hours. This agreement does not constitute an endorsement by the Board as to the quality of the program or its contribution to the professional competence of the licensee.

ADVANCE PAYMENT

Members: \$15 (Lunch—\$15; Training—FREE)
Non-Members: \$65 (Lunch—\$15; Training—\$50)

Check one:

- Check/money order enclosed
- Government training form enclosed
- Credit Card (complete below):
 - MasterCard
 - VISA
 - American Express
 - Discover



Card No. _____ Exp. Date _____

Cardholder's Name _____

Authorized Signature _____

**CREDIT CARD PMT:
FAX TO
817.685.2284**

**MAIL OTHER PMTS:
Dallas Chapter—AGA
P.O. Box 50094
Dallas, TX 75250**

(PLEASE INCLUDE COMPLETED FORM)