

Taxpayer Awareness – Information Form

Organization: _____

Name: _____

Phone: _____

E-mail: _____

of brochures requested: _____

Speaker Requested *(please complete all information below)*

Date of presentation: _____

Location: _____

Audience *(what language is primary)*: _____

How long will the speaker have: _____

Other requests: _____



Please return form to
The Michigan Association
of CPAs
5480 Corporate Drive,
Suite 200
Troy, MI, 48098
Fax: 248.267.3794

Contact Sarah Krueger
at 248.267.3712 or
SKrueger@michcpa.org
for more information.

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