

1999

1999 Accreditation Information Sheets

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ACCREDITATION INFORMATION SHEET

Virginia Attorneys

This program has been approved by the Virginia Mandatory Continuing Legal Education Board for 13.5 credit hours, including two hours of ethics credit. A copy of the Certification of Attendance (Form 2) is included in this notebook. Please fill out the form and return it to the Registration Desk at the end of the Conference. We will forward the forms to the Virginia State Bar.

North Carolina Attorneys

This program has been approved by the North Carolina State Bar Board of Continuing Education for 13.5 credit hours, including two hours of professional responsibility credit. A copy of the certification of attendance form is included in this notebook. Please fill out the form and return it to the Registration Desk at the end of the Conference. We will forward those forms to the North Carolina State Bar.

Attorneys from Other States

If your state requires Continuing Legal Education credits, you may complete the form provided in this notebook and submit it to your State Bar. If you wish to have the Tax Conference mail it for you, please attach the correct mailing address to your completed form and return it to the Registration Desk at the end of the Conference. Please be advised that any required sponsor fee will be the responsibility of the attendee.

Virginia MCLE Board

Virginia State Bar

707 East Main Street, 15th Floor

Richmond, VA 23219-2803

(804) 775-0577

E-Mail: MCLE@vsb.org FAX: (804) 775-0544

CERTIFICATION OF ATTENDANCE (FORM 2)

To ensure proper credit, pursuant to Paragraph 17B, C and D of Section IV, Part Six, Rules of the Supreme Court of Virginia, please list your bar ID number, social security number and print full name and address.

The information provided will be available for inspection by the public under the Freedom of Information Act.

Check if new address

Member Name: _____ VSB Member Number: _____

Official Address of Record: _____ Social Security Number: _____
(optional)

Daytime Phone: (_____) _____

E-Mail: _____

City State Zip

Course ID Number: MWN001

Sponsor: Marshall Wythe

Course/Program Title: 45th William & Mary Tax Conference

CLE (Ethics) Credits: 13.5 (2.0)

CERTIFICATION

Date(s) Attended: _____ Location(s): _____

I attended the full program. {Members will receive the CLE (Ethics) credits shown above.}

I attended a total of _____ (hrs/mins) of CLE, of which (_____) (hrs/mins) were in Ethics.

NOTE: Credit is awarded for actual time in attendance rounded to the nearest half hour.

Date

Signature

A materially false statement shall be subject to appropriate disciplinary action.

**A \$50 Late Filing Fee Will Be Charged
For All Forms Received After July 31.
MAY BE PHOTOCOPIED**

**CERTIFICATE OF ATTENDANCE
WILLIAM AND MARY TAX CONFERENCE**

NAME: _____

BUSINESS ADDRESS: _____

SPONSOR: College of William and Mary
School of Law

PROGRAM TITLE: Forty-Fifth William and Mary Tax Conference

DATES OF PROGRAM: December 3 & 4, 1999

LOCATION: Williamsburg, Virginia

CLE CREDIT: 815 minutes of instruction, including 120
minutes of ethics

I attended the full program.

I attended the following number of hours: _____

SIGNATURE: _____

DATE: _____

SUBMIT A COPY OF THIS FORM TO YOUR STATE BAR WHEN REPORTING YOUR ANNUAL CLE CREDITS.

**THE NORTH CAROLINA STATE BAR
BOARD OF CONTINUING LEGAL EDUCATION**

208 Fayetteville Street Mall
P.O. Box 26148
Raleigh, North Carolina 27611
(919) 733-0123

CERTIFICATE OF ATTENDANCE AT AN APPROVED COURSE OR PROGRAM

To ensure proper credit, please give your bar identification number, social security number and full name and address.

(Please PRINT)

ATTORNEY'S NAME: _____

BUSINESS ADDRESS _____

NCSB Member Number: _____

Social Security Number: _____

SPONSOR:

**College of William and Mary
School of Law**

COURSE/PROGRAM TITLE:

**Forty-Fifth William and Mary
Tax Conference**

DATES OF PROGRAM:

December 3 and 4, 1999

LOCATION:

Williamsburg, Virginia

APPROVED CREDIT HOURS:

**13.50, including 2 hours of professional
responsibility credit, 4.75 practical skills credit,
and 6.75 general credit.**

I attended the full program, including the optional second
hour of ethics credit.

I attended the following number of hours: _____, including
_____ hours of ethics credit, _____ hours of practical skills credit,
_____ hours of general credit.

DATE _____ **SIGNATURE** _____

ACCREDITATION INFORMATION SHEET FOR ACCOUNTANTS

Virginia Certified Public Accountants

A Certificate of Attendance for Virginia Accountants is available in this program notebook for those of you who wish to report this Conference to the Virginia Board for Accountancy and to the Virginia Society of CPA's. Fill out and return this form at the Registration Desk and a Certificate of Participation will be issued and mailed to you at the address you provide.

Accountants from Other States

A Certificate of Attendance for Accountants is available in this program notebook. Fill out and return this form at the Registration Desk and a Certificate of Participation will be issued and mailed to you at the address you provide.

WILLIAM AND MARY TAX CONFERENCE

**CERTIFICATE OF ATTENDANCE
FOR VIRGINIA ACCOUNTANTS**

NAME: _____

BUSINESS ADDRESS: _____

SPONSOR: College of William and Mary
School of Law

PROGRAM TITLE: Forty-Fifth William and Mary Tax Conference

DATES OF PROGRAM: December 3 & 4, 1999

LOCATION: Williamsburg, Virginia

CPE CREDIT: 16.3 hours (based on 50 minute hours)

I attended the full program.

I attended the following number of hours: _____

SIGNATURE: _____

DATE: _____

Return this form to the Registration Desk. A Certificate of Participation will be issued and mailed to you at the address listed above.

**CERTIFICATE OF ATTENDANCE
WILLIAM AND MARY TAX CONFERENCE**

NAME: _____

BUSINESS ADDRESS: _____

SPONSOR: College of William and Mary
School of Law

PROGRAM TITLE: Forty-Fifth William and Mary Tax Conference

DATES OF PROGRAM: December 3 & 4, 1999

LOCATION: Williamsburg, Virginia

CPE CREDIT: 16.3 hours (based on 50 minute hours)

I attended the full program.

I attended the following number of hours: _____

SIGNATURE: _____

DATE: _____

**SUBMIT A COPY OF THIS FORM TO YOUR STATE SOCIETY WHEN
REPORTING YOUR ANNUAL CPE CREDITS.**