

1997

## 1997 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 thirteen 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 12.75 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**

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

Course ID Number: MWL001

Sponsor: Marshall Wythe

Course/Program Title: 43rd William & Mary Tax Conference

CLE (Ethics) Credits: 13.0 ( 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**  
*Facsimile transmissions are not acceptable*

**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-Third William and Mary  
Tax Conference

**DATES OF PROGRAM:** December 5 and 6, 1997

**LOCATION:** Williamsburg, Virginia

**APPROVED CREDIT HOURS:** 12.75, including two hours of professional  
responsibility 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.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

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

**NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**PROGRAM TITLE:** Forty-Third William and Mary Tax Conference

**DATES OF PROGRAM:** December 5 & 6, 1997

**LOCATION:** Williamsburg, Virginia

**CLE CREDIT:** 765 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.**

## **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-Third William and Mary Tax Conference

**DATES OF PROGRAM:** December 5 & 6, 1997

**LOCATION:** Williamsburg, Virginia

**CPE CREDIT:** 15.3 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-Third William and Mary Tax Conference

**DATES OF PROGRAM:** December 5 & 6, 1997

**LOCATION:** Williamsburg, Virginia

**CPE CREDIT:** 15.3 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.**