

(Individual Name)	(Title)		
(Email)			-
(Primary Phone)	(Secondary Phone)		
<ul> <li>I would like for a repre</li> </ul>	esentative from the Oklahoma Accountanc	y Board to speak at one	of the followin
University; Name			
Professional association	on; Name		
_			
Peer Review	AB Audits/Government Audits Licen	rtant Professional Updates	
General/OA  Peer Review Continuing Other What is the anticipated	AB Audits/Government Audits Licen w Uniform CPA Examination Impor Professional Education CPA Career Pos d date, time and duration of the event:	rtant Professional Updates sibilities	
General/OA  Peer Review Continuing Other What is the anticipated	AB Audits/Government Audits Licen w Uniform CPA Examination Impor Professional Education CPA Career Pos	rtant Professional Updates sibilities	(Zip)
General/OA Peer Review Continuing Other What is the anticipated Event location: I anticipate there will b The OAB will need to (Ex. Laptop, projector, a	AB Audits/Government Audits Licen W Uniform CPA Examination Impor Professional Education CPA Career Pos d date, time and duration of the event: (Address) (City) De people attending this presentation provide presentation equipment udio equipment)	(State) (State) On. YES	
General/OA Peer Review Continuing Other What is the anticipated Event location: I anticipate there will b The OAB will need to (Ex. Laptop, projector, a Continuing profession	AB Audits/Government Audits Licen W Uniform CPA Examination Impor Professional Education CPA Career Pos d date, time and duration of the event: (Address) (City) De people attending this presentation provide presentation equipment udio equipment) al education will be provided to those attending uest that a specific speaker make this presentation	(State) (State) on. YES nding	(Zip)