



**AMERICAN SOCIETY OF MILITARY COMPTROLLERS
AVIATION CHAPTER
P.O. BOX 33215
WRIGHT-PATTERSON AFB OH 45433**



MONTHLY LUNCHEON

CONTINUING PROFESSIONAL EDUCATION (CPE) CERTIFICATE OF TRAINING	
DATE OF LUNCHEON: <p style="text-align: center;">November 19, 2009</p>	
NAME OF ATTENDEE:	OFFICE SYMBOL:
NAME OF SPEAKER: <p style="text-align: center;">Mr. Scott Sliver</p>	
TOPIC: <p style="text-align: center;">“Understanding a Non-Profit’s Operations”</p>	
PLACE: <p style="text-align: center;">Wright-Patterson Club & Banquet Center, WPAFB, OH</p>	

1.0 CPE UNIT

I certify that the above information is correct.

Member’s Signature _____ DATE _____

I certify the above information is correct.

Supervisor’s Signature _____ DATE _____

<u>PRIVACY ACT STATEMENT</u>	
AUTHORITY:	10 U.S.C. 8013, Secretary of the Air Force.
PURPOSE AND USE:	To document continuing professional education performed by Financial Managers.
DISCLOSURE:	Furnishing the information is voluntary. Failure to do so; however, may result in lost credit for CPE earned.