



STATE OF MISSISSIPPI
OFFICE OF THE STATE AUDITOR

The Office of the State Auditor announces the following one-day seminar for Continuing Professional Education (CPE)

Space is limited to the first 75 paying participants.

Course Title: **THE NEW AICPA RISK ASSESSMENT SUITE OF STANDARDS: SAS 104-111**

Class Date: November 30, 2006 Time: 8:30AM-5:00PM (Registration begins at 8:00AM)

Instructor(s): Frank W. Crawford, CPA
Crawford & Associates, P. C.
Oklahoma City, Oklahoma

Location: Hinds Community College, Pearl Branch, George Wynn Hall

Prerequisites: None

Level: Basic to intermediate

Course Field: Auditing

CPE Hours Earned: 8

Registration Fee: \$100 per participant (**Lunch is not provided**) – Enrollment deadline: November 23, 2006

Course Outline With well over 208 pages of new AICPA audit standards related to risk assessment recently issued, the manner, approach and reporting requirements of auditing a governmental entity are about to change. How can practitioners cope with all of the new standards, yet remain efficient and effective in the conduct of their audit? This all-day session will take a closer look at the “future” of governmental auditing, utilize multiple case studies to illustrate how the risk assessment changes will affect practitioners and their clients alike.

Register by faxing the attached form to me at (601) 576-2750 or e-mailing your request to edward@osa.state.ms.us Send check to Office of the State Auditor, P. O. Box 956, Jackson, MS 39205 to the attention of Jeff Adcock. Form and payment must be received by November 23, 2006.

CPE Registration Form
Course Title: Risk-based Auditing
Instructor(s): Frank Crawford, CPA

Please register me for class on November 30, 2006.

REFUND POLICY: You will receive a full refund if cancellation is made seven days prior to the scheduled date of the course. I understand that once registered, there is a 100% penalty for cancellations less than seven days before the class. I also understand that speaker and subject matter are subject to change.

Name _____ Agency/Firm _____

Phone _____ Address _____

E-mail _____