Please complete this form and email it to TR-TaxProCSOperations@thomsonreuters.com.

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PROXY ENROLLMENT FORM

Course Name:

Instructor Name:

Location: Virtual

Course Date:

Firm Information

Firm Name:
Address:
City:
State:
Firm ID:
Zip Code:

Student Information

(The information below will be used only to create your CPE certificate. Please print clearly so we spell your name correctly on the certificate and so that we send it to the correct e-mail address.)

First and Last Name: ______________________________ E-Mail Address: ______________________________ Minutes Attended: __________
First and Last Name: ______________________________ E-Mail Address: ______________________________ Minutes Attended: __________
First and Last Name: ______________________________ E-Mail Address: ______________________________ Minutes Attended: __________
First and Last Name: ______________________________ E-Mail Address: ______________________________ Minutes Attended: __________
First and Last Name: ______________________________ E-Mail Address: ______________________________ Minutes Attended: __________
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First and Last Name: ______________________________ E-Mail Address: ______________________________ Minutes Attended: __________
First and Last Name: ______________________________ E-Mail Address: ______________________________ Minutes Attended: __________

In order to award CPE credit, the above students MUST be registered and enrolled in the session in the Tax & Accounting Professionals Learning Center BEFORE the start of the course. Verify all students have logged into https://training-taxpros.thomsonreuters.com.

Attendance Monitor Name: ______________________
Attendance Monitor e-Mail Address: ____________________________
Date: _______________
Phone Number: ______________

I hereby agree that all of the information above is correct.
Attendance Monitor Signature: ____