

**Office of Auditor of Accounts
November 14 & 15, 2017
Training Registration Form**

Name: _____

Agency/Firm: _____

Address: _____

Telephone No.: _____

Email: _____

Please check which day(s) you will attend.

Both Days – \$375

Day 1 – \$200 Tuesday, November 14, 2017

Day 2 – \$200 Wednesday, November 15, 2017

Amount Enclosed: _____

Please make check payable to: Office of Auditor of Accounts

If you are a State agency and require an intergovernmental voucher (IV), please provide the following:

Contact Name: _____

DDS: _____ State Location Code: _____

Note: The Office of Auditor of Accounts will prepare the IV and send to the Agency.

Registration form and payment must be submitted by **Thursday, November 2, 2017.**

Please return the form and payment to: Debbie Kriegisch
Office of Auditor of Accounts
Townsend Building, Suite 1
401 Federal Street
Dover, DE 19901
SLC: D370A

Please contact Debbie at 302-857-3907 or Deborah.Kriegisch@state.de.us with any questions.