Accounting and Disclosure for Investments

Group Internet-based course

September 10, 2015
2:00 p.m. – 4:00 p.m. ET
Course Level: Intermediate • Prerequisite: Intermediate Governmental Accounting
(or an equivalent introduction to governmental accounting)

Who Will Benefit
Anyone involved with accounting and financial reporting for a state or local government.

Program Overview
Preparers of state or local government financial statements need to be thoroughly familiar with the appropriate accounting and financial reporting for investments, including required note disclosures. This interactive Internet training program reviews basic accounting for investments, as well as a number of specialized applications (repurchase agreements, reverse repurchase agreements, securities lending arrangements, pooled cash and investments, hedging arrangements). It also examines required note disclosures, with a special emphasis on common misunderstandings and deficiencies encountered in practice.

Seminar Objectives
• Provide participants a basic understanding of how to account for and disclose investments.

Speaker
Stephen J. Gauthier, Director, Technical Services Center, Government Finance Officers Association, Chicago, Illinois

It’s Easy to Participate
• The GFOA’s Internet training is delivered to attendees via a secure website and audio conferencing service.

Equipment Needed
• A computer with a Web browser to view the presentation. If you have speakers for your computer, you will be able to listen to the training using them.
• If you do not have speakers for your computer, you will need a phone to listen to the presentation. (Speaker phone recommended, but not required.)

How It Works
• Participants will receive an e-mail invitation containing a link with instructions at the beginning of the week the course will be taking place from the e-mail address messenger@webex.com. (Please add this e-mail address to your “allowed senders list.”)
• Materials can be viewed on a secure Internet site.
• Questions can be asked at any time during the course, and interactive exercises will test your mastery of the material.
• To join the event more quickly, you can set up Event Manager before the event starts. Go to: https://gfoa.webex.com/gfoa/ecsetup.php?frommail=1.

To learn more or register for this event, visit www.gfoa.org.
Revised

September 10, 2015
2:00 p.m. – 4:00 p.m. ET
CCourse Level: Intermediate • Prerequisite: Intermediate Governmental Accounting
(or an equivalent introduction to governmental accounting)

Accounting and Disclosure for Investments

Group Internet-based course

Please print or type (or register online at www.gfoa.org)

☐ Check here if you are faxing this form. Fax accepted only with credit card payment or purchase orders. Do Not Mail the Original.

Name: ________________________________________________________________

Title: ________________________________________________________________

Employer: _____________________________________________________________

Address: ______________________________________________________________

City: _________________________________________________________________

State/Province: ______ Zip/Postal Code: ______

Telephone: ___________________________________________________________

Fax: _________________________________________________________________

E-mail: (Required) ____________________________________________________

Please photocopy this form for additional registrants.

A copy of the confirmation and invoice will be sent as a PDF attachment via e-mail from training@gfoa.org. Please add this address to your allowed senders list.

Registration fee is per person, not per group. Early and/or student registration discounts do not apply to Internet training.

Register and pay for 3-9 participants and receive 15 percent off the total cost of the registrations. Register and pay for 10 or more participants and receive 20 percent off the total cost of the registrations. To qualify for the group discount, registrations must be submitted together. Individual registrations submitted separately or after the original group is submitted will not qualify for the group discounts.

Cancellation requests must be made in writing to the GFOA. All cancellations received five business days before the event date will incur a $20 administrative fee. No refunds will be issued after that date.

Substitutions (government entities only): A one-for-one substitution of a nonmember for an active member is allowed. If your organization has a current GFOA member on staff who is not participating in these training seminars, a nonmember may attend in his/her place at the member rate. You must provide the member number and/or name of the GFOA member on the registration form.

Inquiries: For information regarding administrative policies such as complaints and refunds, please contact the GFOA at training@gfoa.org or at 312-977-9700.

Registration Fees (Please Check One)

☐ $85 Active/Associate Member ☐ $160 Nonmember

Registration Fee $_______

Group Discount $_______

New member fee: Visit www.gfoa.org $_______ or call GFOA at (312) 977-9700 for fee

Discount for paid new member ($25.00) $_______

TOTAL $_______

Payment Information (Please Check One)

Fees must be paid in U.S. dollars by check, credit card, or purchase order. Please do not submit duplicate copies of this form.

☐ Payment by Check:

Payable to “Government Finance Officers Association”

Send to: GFOA • 203 N. LaSalle St. • Suite 2700 • Chicago, IL 60601-1210

☐ Payment by credit card: scan and e-mail this form to training@gfoa.org; fax to 312-977-4806; or send to:

GFOA • 203 N. LaSalle St. • Suite 2700 • Chicago, IL 60601-1210

☐ Amex ☐ Discover ☐ MasterCard ☐ VISA

Name on Card: _________________________________________________________

Account Number:________________________________________________________

Exp. Date: _____/______ (Mandatory)

Signature: ______________________________________________________________

☐ Bill Me. (Scan and e-mail this form to training@gfoa.org or fax to (312) 977-4806.)

You must include a purchase order number. Payment must be received for all registrations prior to the event date.

P.O. No: ______________________

GFOA Tax ID Number: 36-2167796

Please print or type the following information:

Active Member #: ___________________________________________

Active Member Name: _________________________________________

GFOA Membership # (if available) _________________________________

Fax: ______________________________________________________

Telephone: ________________________________________________

P.O. No: _____________________________________________________

State/Province: ______________ Zip/Postal Code: _________________

Address: ___________________________________________________

Employer: _________________________________________________

Title: _____________________________________________________

City: _____________________________________________________

Name: ____________________________________________________

K Check box to indicate if you are substituting for an active member.

K Check here if you are faxing this form. Fax accepted only with credit card payment or purchase orders. Do Not Mail the Original.

GFOA • 203 N. LaSalle St. • Suite 2700 • Chicago, IL 60601-1210

GFOA Tax ID Number: 36-2167796

GFOA Membership # (if available) _________________________________

Fax: ______________________________________________________

Telephone: ________________________________________________

P.O. No: _____________________________________________________

State/Province: ______________ Zip/Postal Code: _________________

Address: ___________________________________________________

Employer: _________________________________________________

Title: _____________________________________________________

City: _____________________________________________________

Name: ____________________________________________________

K Check box to indicate if you are substituting for an active member.

K Check here if you are faxing this form. Fax accepted only with credit card payment or purchase orders. Do Not Mail the Original.

GFOA • 203 N. LaSalle St. • Suite 2700 • Chicago, IL 60601-1210

GFOA Tax ID Number: 36-2167796

GFOA Membership # (if available) _________________________________

Fax: ______________________________________________________

Telephone: ________________________________________________

P.O. No: _____________________________________________________

State/Province: ______________ Zip/Postal Code: _________________

Address: ___________________________________________________

Employer: _________________________________________________

Title: _____________________________________________________

City: _____________________________________________________

Name: ____________________________________________________

K Check box to indicate if you are substituting for an active member.

K Check here if you are faxing this form. Fax accepted only with credit card payment or purchase orders. Do Not Mail the Original.

GFOA • 203 N. LaSalle St. • Suite 2700 • Chicago, IL 60601-1210

GFOA Tax ID Number: 36-2167796

GFOA Membership # (if available) _________________________________

Fax: ______________________________________________________

Telephone: ________________________________________________

P.O. No: _____________________________________________________

State/Province: ______________ Zip/Postal Code: _________________

Address: ___________________________________________________

Employer: _________________________________________________

Title: _____________________________________________________

City: _____________________________________________________

Name: ____________________________________________________

K Check box to indicate if you are substituting for an active member.

K Check here if you are faxing this form. Fax accepted only with credit card payment or purchase orders. Do Not Mail the Original.

GFOA • 203 N. LaSalle St. • Suite 2700 • Chicago, IL 60601-1210

GFOA Tax ID Number: 36-2167796

GFOA Membership # (if available) _________________________________

Fax: ______________________________________________________

Telephone: ________________________________________________

P.O. No: _____________________________________________________

State/Province: ______________ Zip/Postal Code: _________________

Address: ___________________________________________________

Employer: _________________________________________________

Title: _____________________________________________________

City: _____________________________________________________

Name: ____________________________________________________

K Check box to indicate if you are substituting for an active member.

K Check here if you are faxing this form. Fax accepted only with credit card payment or purchase orders. Do Not Mail the Original.

GFOA • 203 N. LaSalle St. • Suite 2700 • Chicago, IL 60601-1210

GFOA Tax ID Number: 36-2167796

GFOA Membership # (if available) _________________________________

Fax: ______________________________________________________

Telephone: ________________________________________________

P.O. No: _____________________________________________________

State/Province: ______________ Zip/Postal Code: _________________

Address: ___________________________________________________

Employer: _________________________________________________

Title: _____________________________________________________

City: _____________________________________________________

Name: ____________________________________________________

K Check box to indicate if you are substituting for an active member.

K Check here if you are faxing this form. Fax accepted only with credit card payment or purchase orders. Do Not Mail the Original.