



CHARTERED PROFESSIONAL ACCOUNTANTS

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A Limited Liability Partnership of Corporations

## **COFFEE DATE SIGN-UP FORM**

Full Name:		
Email:	Phone:	
What school do you currently a	attend or have graduated from?	
What area of accounting are yo	ou interested in?	
Tax	Assurance	
What is one interesting fact abo	out you?	
What are some topics you would	ıld like to discuss during your coffee d	late?