

Southeast Region, Association for Clinical Pastoral Education  
503 Birch River Drive  
Dahlonega, GA 30533

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### INVOICE FOR C.P .E. STUDENT REGISTRATION

ACCREDITED CENTER: \_\_\_\_\_  
CERTIFIED CPE SUPERVISOR: \_\_\_\_\_

Students' Names And Addresses	Name of CPE Supervisor	Dates of CPE Unit	Fee/Unit/ Student: \$90

Please submit payment for the total amount of \$\_\_\_\_\_ made payable to the SERACPE and mailed to the address above.

Invoice submitted: Date: \_\_\_\_\_ ; By: \_\_\_\_\_