

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

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

**ACCREDITED CENTER:** \_\_\_\_\_

**ACPE SUPERVISOR:** \_\_\_\_\_

Students= Names And Addresses	Name of CPE Supervisor	Dates of CPE Unit	Fee/Unit/ Student: \$100

Please submit payment for the total amount of \$ \_\_\_\_\_ made payable to the SERACPE and mailed to 503 Birch River Drive, Dahlonega, GA 30533.

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