



ALVARES & McLEOD LLP

Chartered Professional Accountants

Bookkeeping Training Information

Business Name _____

Name of Contact Person _____

Contact Information: Phone _____

Email _____

Which Accounting program will you be using**:

QuickBooks: Year _____ Version _____

Simply Accounting: Year _____ Version _____

Other: Name _____

Year _____ Version _____

** Your software must be completely installed and fully working for the training session.

Operating System: Windows Year _____ Version _____

Mac Year _____ Version _____

Will you be using a laptop? Yes No

Please list 3 goals that you hope to achieve during this training session:

1. _____

2. _____

3. _____