

How to Register: BERMUDA – AUGUST 18-24, 2019

CALL 888-515-3674 (Extension 1), fax to 888-552-9749 (or email conferences@nticpe.com) and register by credit or debit card (MC/VISA) or check. Please return this form to the address at the bottom of the page.

REGISTRATION FORM

First and last name _____ Spouse/companion's name(s) _____

Address _____

City/Town _____ State _____ Zip Code _____

Telephone _____ Facsimile _____ Email address _____

CONFERENCE INFORMATION

Check one:	By Jan 31, 2019	By May 31, 2019	After May 31, 2019	Cost includes all materials, continental breakfast at each session, (for participants only), a sunset cocktail reception for you and spouse/guest.
_____ 40 CPEs	\$1,599	\$1,699	\$1,799	
_____ 32 CPEs	\$1,548	\$1,648	\$1,748	
_____ 24 CPEs	\$1,497	\$1,597	\$1,697	

Days you are attending: (check all that apply):

Please check	Date	Topic
_____	08-19-19	Tax and Financial and Lifetime Planning for Families- Part 1 (6 CPEs-Taxes)
_____	08-20-19	Tax and Financial and Lifetime Planning for Families- Part 2 (6 CPEs- Taxes)
_____	08-22-19	Individual Tax Update After Tax Reform-2019 (6 CPEs- Taxes)
_____	08-23-19	Business Tax Developments After Tax Reform-2019 (6 CPEs- Taxes)

HOTEL INFORMATION

<p>Please fill in:</p> <p>Arrival date: _____</p> <p>Departure date: _____</p>	<table style="width: 100%;"> <thead> <tr> <th style="width: 60%;">(Nights of August 18-23, 2019) Departure on August 24, 2019</th> <th style="width: 10%;">Please check</th> <th style="width: 30%;">(7 days/6 nights) (Per Person) Double Occupancy Package Cost</th> </tr> </thead> <tbody> <tr> <td><u>Room Category</u> Fairmont Run of House</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$1,595</td> </tr> <tr> <td>Deluxe Sea View</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$1,895</td> </tr> <tr> <td>Fairmont Gold Sea View</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$2,695</td> </tr> </tbody> </table> <p>Cost of extra nights and additional persons: Please call for details.</p> <p>Hotel package payment: \$200 per person due with this reservation: Balance due: June 1, 2019</p>	(Nights of August 18-23, 2019) Departure on August 24, 2019	Please check	(7 days/6 nights) (Per Person) Double Occupancy Package Cost	<u>Room Category</u> Fairmont Run of House	_____	\$1,595	Deluxe Sea View	_____	\$1,895	Fairmont Gold Sea View	_____	\$2,695
(Nights of August 18-23, 2019) Departure on August 24, 2019	Please check	(7 days/6 nights) (Per Person) Double Occupancy Package Cost											
<u>Room Category</u> Fairmont Run of House	_____	\$1,595											
Deluxe Sea View	_____	\$1,895											
Fairmont Gold Sea View	_____	\$2,695											

REGISTRATION FORM (CONTINUED)

PAYMENT: <input type="checkbox"/> Pay by check (mail check to address below) <input type="checkbox"/> Charge my credit card	COST: Conference fee \$ _____ Hotel deposit # people _____ x \$200 = \$ _____ TOTAL AMOUNT \$ _____
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[Balance of hotel package due June 1, 2019]

MC
 VISA

_____ Card number

_____ Exp date

_____ Code

State(s) for which CPE is required: _____

I am a (an):

<input type="checkbox"/> CPA	<input type="checkbox"/> Atty
<input type="checkbox"/> PA	<input type="checkbox"/> Other
<input type="checkbox"/> CFP	
<input type="checkbox"/> EA (PTIN _____)	

I work in: _____ Public accounting _____ Industry _____ Other _____

SELF-STUDY PACKET:

Participants receive 6 CPEs for attending each live session and can receive additional CPEs (equal to the number of CPEs purchased) by completing optional self-study courses. Self-study materials will be available in modules of 2 CPEs and 4 CPEs (taxation and A&A).

Summary of CPEs available at this program: Live Group study= 24 CPEs; Self-Study= 16 CPEs for a total of 40 CPEs.

Please tell us how you would like to receive your self-study materials: (CHECK ONE)

- On-line access to self-study courses in a downloadable PDF format
 Distribute self-study courses to you on-site at the conference

Hotel Cancellation: Refunds for hotel cancellations will be made, less a \$100 per person administrative fee, if cancellation is made in writing **on or before June 1, 2019**. For cancellations **after June 1, 2019** any portion of the hotel package cost not refunded by the hotel to NTI will be deducted from the refund. Any cancellations must be made in writing and emailed to conferences@nticpe.com or faxed to [888-552-9749](tel:888-552-9749). No refunds for early departures.

Conference Cancellation Policy: Conference fee will be refunded in full only if notice is received in writing at least 60 days prior to the first day of the conference. With respect to a cancellation occurring within 60 days, no refund shall be granted but credit will be given toward a future conference. This policy applies to the conference fee only and not to hotel costs.

On June 1, 2019, I authorize NTI to charge my credit card noted above for the balance of the hotel package.

Signed: _____

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Please: Fax this form to 888-552-9749, or
 Email this form to: conferences@nticpe.com, or
 Mail this form to:

NTI Conferences, P.O. Box 375, Burlington, MA 01803

For more information, please visit our website at: www.nticpe.com.

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 EMAIL: conferences@nticpe.com**