

How to Register: LAS VEGAS – SEPTEMBER 15-20, 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 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 your spouse/guest.
_____ 40 CPEs		\$1699	\$1,799	
_____ 32 CPEs		\$1,648	\$1,748	
_____ 24 CPEs		\$1,597	\$1,697	

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

Please check	Date	Topic
_____	09-16-19	Individual Tax Update After Tax Reform-2019 (6 CPEs- Group Live-Taxes)
_____	09-17-19	Business Tax Developments After Tax Reform-2019 (6 CPEs-Group Live-Taxes)
_____	09-19-19	2019 Estate, Gift, Benefits and Retirement Planning Update-Parts 1 (6 CPEs-Group Live-Taxes)
_____	09-20-19	2019 Estate, Gift, Benefits and Retirement Planning Update-Parts 2 (6 CPEs-Group Live-Taxes)

HOTEL INFORMATION

<p>Please fill in</p> <p>Arrival date: _____</p> <p>Departure date: _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">Please check</td> <td style="width: 30%; text-align: center;">(6 days/5 nights) (Per Person) Double Occupancy Package Cost**</td> </tr> <tr> <td>(Nights of September 15-19) (departure on September 20)</td> <td></td> <td></td> </tr> <tr> <td><u>Room category</u></td> <td></td> <td></td> </tr> <tr> <td>Run of House</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$888</td> </tr> <tr> <td>One-Bedroom Suite</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$1,588</td> </tr> </table> <p>Cost of extra nights and additional persons: Please call for details. Limited availability.</p> <p>** Package price is for the 5 nights September 15-19 (Sun to Thu nights). Rates are higher for stays on the nights Friday and Saturday nights before and after the 5-night program.</p> <p>Hotel package payment: \$200 per person due with this reservation: Balance due: July 1, 2019</p>		Please check	(6 days/5 nights) (Per Person) Double Occupancy Package Cost**	(Nights of September 15-19) (departure on September 20)			<u>Room category</u>			Run of House	_____	\$888	One-Bedroom Suite	_____	\$1,588
	Please check	(6 days/5 nights) (Per Person) Double Occupancy Package Cost**														
(Nights of September 15-19) (departure on September 20)																
<u>Room category</u>																
Run of House	_____	\$888														
One-Bedroom Suite	_____	\$1,588														

REGISTRATION FORM (CONTINUED)

PAYMENT:

Pay by check
(mail check to address below)

Charge my credit card

MC
 VISA

Card number

Exp date

Code

COST:

Conference fee \$ _____

Hotel deposit # people _____ x \$200 = \$ _____

TOTAL AMOUNT \$ _____

[Balance of hotel package due July 1, 2019]

State(s) for which CPE is required: _____

I am a: CPA Atty
 PA Other
 CFP

I work in: Public accounting Industry Other _____

EA PTIN _____

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 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 July 1, 2019**. For cancellations **after July 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**. 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 July 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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