

How to Register: SANTA BARBARA, JUNE 23-29, 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	
_____ 40 CPEs		\$1,699	\$1,799	Cost includes all materials, continental breakfast at each session, (for participants only), a sunset cocktail reception for you and spouse/guest.
_____ 32 CPEs		\$1,648	\$1,748	
_____ 24 CPEs		\$1,597	\$1,697	

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

Please check	Date	Topic
_____	06-24-19	Individual Tax Update After Tax Reform-2019 (6 CPEs- Taxes)
_____	06-25-19	Business Tax Developments After Tax Reform-2019 (6 CPEs- Taxes)
_____	06-27-19	2019 Estate, Gift, Benefits and Retirement Planning Update-Parts 1 (6 CPEs-Group Live-Taxes)
_____	06-28-19	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;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Please check</th> <th style="width: 30%; text-align: center;">(7 days/6 nights) (Per Person) Double Occupancy Package Cost</th> </tr> </thead> <tbody> <tr> <td>(Nights of June 23-28, 2019) Departure on June 29, 2019 <u>Room Category</u></td> <td></td> <td></td> </tr> <tr> <td>Deluxe Courtyard View King</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$1,404</td> </tr> <tr> <td>Partial Ocean View King</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$1,654</td> </tr> <tr> <td>Club Deluxe Courtyard View King</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$1,959</td> </tr> <tr> <td>One-Bedroom Garden View Suite</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$2,054</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: April 1, 2019</p>		Please check	(7 days/6 nights) (Per Person) Double Occupancy Package Cost	(Nights of June 23-28, 2019) Departure on June 29, 2019 <u>Room Category</u>			Deluxe Courtyard View King	_____	\$1,404	Partial Ocean View King	_____	\$1,654	Club Deluxe Courtyard View King	_____	\$1,959	One-Bedroom Garden View Suite	_____	\$2,054
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REGISTRATION FORM (CONTINUED)

PAYMENT: <input type="checkbox"/> Pay by check (mail check to address below) <input type="checkbox"/> Charge my credit card <input type="checkbox"/> MC <input type="checkbox"/> VISA	COST: Conference fee \$ _____ Hotel deposit # people _____ x \$200 = \$ _____ TOTAL AMOUNT \$ _____ <p style="text-align: center;"><i>[Balance of hotel package due April 1, 2019]</i></p>	
_____ Card number	_____ Exp date	_____ Code

State(s) for which CPE is required: _____ I am a (an): CPA Atty
 PA Other
 CFP
 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 April 1, 2019**. For cancellations **after April 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 April 1, 2019, I authorize NTI to charge my credit card noted above for the balance of the hotel package.

Signed: _____

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)

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**