

How to Register: THE RESORT AT LONGBOAT KEY CLUB

OCTOBER 27-NOVEMBER 2, 2024

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: <input type="checkbox"/> 40 CPEs <input type="checkbox"/> 32 CPEs <input type="checkbox"/> 24 CPEs			Conference fee \$2,289 \$2,248 \$2,197	Cost includes all materials, continental breakfast at each session, (for participants only), a cocktail reception for you and your spouse/guest.
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Days you are attending: (check all that apply):

Please check	Date	Topic
<input type="checkbox"/>	10-28-24	2024 Individual Tax Update (6 CPEs-Group Live-Taxes)
<input type="checkbox"/>	10-29-24	Business Tax Developments- 2024 (6 CPEs-Group Live-Taxes)
<input type="checkbox"/>	10-31-24	New Developments: Estate, Gift and Retirement Planning- 2024- Part 1 (6 CPEs-Group Live-Taxes)
<input type="checkbox"/>	11-01-24	New Developments: Estate, Gift and Retirement Planning- 2024- Part 2 (6 CPEs-Group Live-Taxes)

HOTEL INFORMATION

Please fill in Arrival date: _____ Departure date: _____ Cost of extra nights and additional persons: Please call for details.	(Nights of October 27- Nov 1, 2024) (departure on November 2, 2024)	(7 days/6 nights) (Per Person) Double Occupancy
	<u>Room category</u>	Please <u>check</u> <u>Package Cost</u>
	Studio King Suite - Beach View	_____ \$2,181
	One-bedroom King Suite-Beach View	_____ \$3,156
	Note: Hotel package costs are subject to change without notice.	
	Hotel package payment: \$300 per person due with this reservation: Balance due: August 1, 2024	

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 \$300 = \$ _____

TOTAL AMOUNT \$ _____

[Balance of hotel package due August 1, 2024]

I am a (an): CPA Atty
 PA Other
 CFP
 EA (PTIN _____)

State(s) for which CPE is required: _____

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

FULL REFUND OF ALL CHARGES ON OR BEFORE AUGUST 1, 2024

Hotel Cancellation: Refunds for hotel cancellations will be made, **IN FULL**, if cancellation is made in writing **on or before August 1, 2024**. **No hotel refunds after August 1, 2024**. Any cancellations on or before August 1, 2024 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 if notice is received in writing **on or before August 1, 2024**. With respect to a cancellation occurring **after August 1, 2024** 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 August 1, 2024, 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.

final 7-14-24 REV

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