

THE OMNI GROVE PARK INN & SPA – JUNE 7-13, 2026

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 Feb 15,
2026

By June 30,
2026

After June 30,
2026

_____ 40 CPEs
_____ 32 CPEs
_____ 24 CPEs

\$2,399
\$2,298
\$2,197

\$2,499
\$2,398
\$2,297

\$2,599
\$2,498
\$2,397

Cost includes all materials, continental breakfast at each session, (for participants only), a cocktail reception for you and spouse/guest.

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

Please
check

Date

Topic

_____	6-8-26	2026 Individual Tax Update (6 CPEs-Group Live-Taxes)
_____	6-9-26	Business Tax Developments-2026 (6 CPEs-Group Live-Taxes)
_____	6-11-26	Family Individual and Business Tax Planning (6 CPEs-Group Live-Taxes)
_____	6-11-26	2026 FASB Update and Review (6 CPEs- Group Live- Accounting)
_____	6-12-26	Creative IRA, Life Insurance and Retirement Planning Techniques (6 CPEs-Group Live-Taxes)
_____	6-12-26	2026 Compilation, Review, Preparation Update and Review (6 CPEs- Group Live- Auditing)

HOTEL INFORMATION

Please fill in:

Arrival date: _____

Departure date: _____

Bedding type: (please check)

King: _____

Two queens: _____

** Total cost per room, multiply the package cost by 2.

(Nights of June 7-12, 2026)
(departure on June 13, 2026)

Please
check

(7 days/6 nights)
(Per Person)
Double Occupancy

Room category

Premium Resort View

Premium Mountain View

Panoramic Corner King (one available)

Executive Junior Suite (one available)

Package Cost **

\$1,455

\$1,555

\$1,806

\$2,372

Note: Hotel package costs are subject to change without notice.

Cost of extra nights and additional persons: Please call for details.

Hotel package payment: \$500 per person due with this reservation:

Balance due: March 1, 2026

REGISTRATION FORM (CONTINUED)- ASHEVILLE 2026

PAYMENT:

☐ Pay by check
(mail check to address below)

☐ Charge my credit card

COST:

Conference fee \$ _____

Hotel deposit # people _____ x \$500 = \$ _____

TOTAL AMOUNT \$ _____

[Balance of hotel package due March 1, 2026]

☐ MC
☐ VISA

Card number

Exp date

Code

State(s) for which CPE is required: _____

I am a: ☐ 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

FULL REFUND OF ALL CHARGES ON OR BEFORE MARCH 1, 2026

Hotel Cancellation: Refunds for hotel cancellations will be made, **IN FULL**, if cancellation is made in writing **on or before March 1, 2026**. **No hotel refunds after March 1, 2026**. Any cancellations on or before **March 1, 2026** 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 if notice is received in writing **on or before March 1, 2026**. With respect to a cancellation occurring **after March 1, 2026** no conference fee 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 March 1, 2026, 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, PO Box 375, Burlington, MA 01803

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

12-18-25 REV

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EMAIL: conferences@nticpe.com**