

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 June 30, 2026	After June 30, 2026	Cost includes all materials, continental breakfast at each session, (for participants only), a cocktail reception for you and spouse/guest.
_____ 40 CPEs	\$2,499	\$2,599	
_____ 32 CPEs	\$2,398	\$2,498	
_____ 24 CPEs	\$2,297	\$2,397	

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:	(Nights of June 7-12, 2026) (departure on June 13, 2026)	Please check	(7 days/6 nights) (Per Person) Double Occupancy
Arrival date: _____			
Departure date: _____			
Bedding type: (please check)	<u>Room category</u>		<u>Package Cost **</u>
King: _____	Premium Resort View	_____	\$1,455
Two queens: _____	Premium Mountain View	_____	\$1,555
	Panoramic Corner King (one available)	_____	\$1,806
	Executive Junior Suite (one available)	_____	\$2,372
** Total cost per room, multiply the package cost by 2.	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: <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 \$500 = \$ _____ TOTAL AMOUNT \$ _____
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[Balance of hotel package due March 1, 2026]

<input type="checkbox"/> MC	<input type="checkbox"/> VISA	Card number	Exp date	Code
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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

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. 2-20-26 REV

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