

# How to Register: HOTEL BARRIERE LE NORMANDY, DEAUVILLE

CALL 888-515-3674 (Extension 1), fax to 888-552-9749 (or email [conferences@nticpe.com](mailto: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:

\_\_\_\_\_ 40 CPEs  
\_\_\_\_\_ 32 CPEs  
\_\_\_\_\_ 24 CPEs

By Feb 15,  
2026

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

By June 30,  
2026

\$2,699  
\$2,598  
\$2,497

After June 30,  
2026

\$2,799  
\$2,698  
\$2,597

Cost includes all materials  
Conference fees include \$200  
France conference surcharge.

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

Please  
check

Date

Topic

_____	7-27-26	2026 Individual Tax Update (6 CPEs-Group Live-Taxes)
_____	7-28-26	Business Tax Developments-2026 (6 CPEs-Group Live-Taxes)
_____	7-30-26	Family Individual and Business Tax Planning (6 CPEs-Group Live-Taxes)
_____	8-1-26	Creative IRA, Life Insurance and Retirement Planning Techniques (6 CPEs-Group Live-Taxes)

## HOTEL INFORMATION

Please fill in:

(Nights of July 25- August 1, 2026)  
(Departure on August 2, 2026)

Please  
check

(9 days/8 nights)  
(Per Person)

Double Occupancy

Arrival date: \_\_\_\_\_

Departure date: \_\_\_\_\_

Room category

Package Cost\*\*

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

Deluxe Sea View  
Prestige  
Terrace Prestige

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$3,378  
\$3,728  
\$3,978

Minimum stay: 8 nights.

Junior Suite  
Prestige Sea View Junior Suite

**SOLD OUT**  
**SOLD OUT**

\$4,502  
\$5,752

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

**Hotel package payment:** \$750 per person due with this reservation:  
Balance due: **March 1, 2026.**  
**Note: Hotel package costs are subject to change without notice.**

# REGISTRATION FORM (CONTINUED)- Deauville 2026

**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 \$750 = \$ \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

*[Balance of hotel package due March 1, 2026]*

State(s) for which CPE is required: \_\_\_\_\_

I am a (an): ☐ 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  
☐ Mail self-study courses to you prior to the conference

**NOTE: SELF-STUDY MATERIALS WILL NOT BE DISTRIBUTED 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](mailto: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 **on or before March 1, 2026**. With respect to a cancellation occurring **after March 1, 2026**, no conference fee refund shall be granted for the conference fee 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](mailto: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](http://www.nticpe.com).

12-18-25 REV

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EMAIL: [conferences@nticpe.com](mailto:conferences@nticpe.com)**