How to Register: STRESA, ITALY, AUGUST 1-8, 2027

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, 2027**	**By June 30, 2027**	**After June 30, 2027**	
_____ 40 CPEs		$2,699	$2,799	$2,899	Cost includes all materials Conference fees include $200 Italy conference surcharge.
_____ 32 CPEs		$2,598	$2,698	$2,798	
_____ 24 CPEs		$2,497	$2,597	$2,697	

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

Please check	**Date**	**Topic**
_____	8-3-27	TBD (6 CPEs-Group Live-Taxes)
_____	8-4-27	TBD (6 CPEs-Group Live-Taxes)
_____	8-6-27	TBD (6 CPEs-Group Live-Taxes)
_____	8-7-27	TBD (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

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

Minimum stay 7 nights.

(Nights of August 1-7, 2027)
(departure on August 8, 2027)

Room category	Please check	**(8 days/7 nights) (Per Person) Double Occupancy** Package Cost**
Deluxe Side Lakeview with balcony	____	$3,424
Deluxe Lakeview with balcony	____	$4,136
Junior Suite- Parkview with balcony	____	$4,240
Junior Suite- Lakeview with balcony	____	$6,222

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

Hotel package payment: $1,000 per person due with this reservation:
Balance due: March 1, 2027.

REGISTRATION FORM (CONT)- STRESA 2027

PAYMENT:
_____Pay by check
(mail check to address below)

_____Charge my credit card

COST:
Conference fee $_____

Hotel deposit # people _____ x $1,000 = $_____

TOTAL AMOUNT $_____

[Balance of hotel package due August 1, 2027]

____ MC
____ VISA

Card number Exp date Code

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, 2027

Hotel Cancellation: Refunds for hotel cancellations will be made, **IN FULL**, if cancellation is made in writing **on or before March 1, 2027. No hotel refunds after March 1, 2027.** Any cancellations on or before March 1, 2027 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 only if notice is received in writing **on or before March 1, 2027.** With respect to a cancellation occurring **after March 1, 2027**, no 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, 2027, 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. 11-20-26 REV final