

# Order Form



**TAXSCHOOL** AT ILLINOIS

Birth Month/Day ____ / ____	<b>Fall Tax School—2-Day Seminar</b>
Last Name	<input type="checkbox"/> <b>Update &amp; Ethics Seminar (Day 1)</b>
First Name	<input type="checkbox"/> <b>Entity &amp; Advanced 1040 Issues Seminar (Day 2)</b>
MI	Location choice (Day 1):
Organization/Firm	Location choice (Day 2):
Street Address	Registration Fee for 2-Day Seminar: \$359* \$
Address Line 2	Registration Fee for 1-Day Seminar only: \$199 \$
City	CPE Filing Fee Per Day:
State	<input type="checkbox"/> CFP \$15 x ____ (days) \$
Zip Code	<input type="checkbox"/> IL Insurance \$15 x ____ (days) \$
Daytime Phone ( )	<input type="checkbox"/> IL MCLE \$25 x ____ (days) \$
E-mail	Subtotal: \$
ARDC#:	
CFP#:	
NPN#:	
PTIN# (EAs only):	
Referral Code: _____ - _____ <small>(3 letters) (series of numbers)</small>	
<input type="checkbox"/> I am a current University of Illinois employee.	
<b>Method of Payment</b>	
<input type="checkbox"/> Make checks payable to University of Illinois (\$60 fee for returned checks)	<input type="checkbox"/> Credit cards accepted: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AmEx
Credit card number	<b>Total Payment</b> \$
Exp. Date	*This discounted rate only applies when registering for both days during the same transaction. If you later decide to register for an additional day, the per-day fee applies to the additional day.
Security Code	
Name (on card)	
Billing street address, city, state, zip code	
Signature	

**Mail To:**

**Fax To:**

University of Illinois Tax School  
412 Mumford Hall, MC-710  
1301 W. Gregory Drive  
Urbana, IL 61801

217-244-5933

OFFICE USE ONLY Postmark date: \_\_\_\_\_ Reg. \_\_\_\_\_ Total Payment: \_\_\_\_\_  
 Personal \_\_\_\_\_  Company \_\_\_\_\_  Terminal \_\_\_\_\_  Cash \_\_\_\_\_