

Order Form



TAXSCHOOL AT ILLINOIS

Birth Month/Day ____ / ____	Fall Tax School—2-Day Seminar
Last Name	<input type="checkbox"/> Update & Ethics Seminar (Day 1)
First Name _____ MI	<input type="checkbox"/> Entity & Advanced 1040 Issues Seminar (Day 2)
Organization/Firm	Location choice (Day 1):
Street Address	Location choice (Day 2):
Address Line 2	Registration Fee for 2-Day Seminar: \$299 (\$359 after October 6)* \$
City	Registration Fee for 1-Day Seminar only: \$169 (\$199 after October 6) \$
State _____ Zip Code _____	CPE Filing Fee Per Day:
Daytime Phone (_____)	<input type="checkbox"/> CFP \$15 x _____ (days) \$
E-mail _____	<input type="checkbox"/> IL Insurance \$15 x _____ (days) \$
ARDC#:	<input type="checkbox"/> IL MCLE \$25 x _____ (days) \$
CFP#:	Subtotal: \$
NPN#:	Income Tax Aspects of Complex Farm Business Events
PTIN# (EAs only):	\$255 \$
Referral Code: _____ - _____ <small>(3 letters) (series of numbers)</small>	Filing fees: <input type="checkbox"/> \$15 CFP <input type="checkbox"/> \$25 IL MCLE \$
<input type="checkbox"/> I am a current University of Illinois employee.	Subtotal: \$
Method of Payment	Tax and Benefit Planning for Aging Clients: Crucial Conversations
<input type="checkbox"/> Make checks payable to University of Illinois (\$60 fee for returned checks)	\$235 (\$265 after September 19) \$
<input type="checkbox"/> Credit cards accepted: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AmEx	Location choice:
Credit card number	Filing fees: <input type="checkbox"/> \$15 CFP <input type="checkbox"/> \$25 IL MCLE <input type="checkbox"/> \$15 IL Insurance \$
Exp. Date _____ Security Code _____	Subtotal: \$
Name (on card)	Total Payment \$
Billing street address, city, state, zip code	*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.
Signature _____	Mail To: University of Illinois Tax School 412 Mumford Hall, MC-710 1301 W. Gregory Drive Urbana, IL 61801
	Fax To: 217-244-5933

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