

# Order Form

Birth Month/Day ____ / ____	<b>Fall Tax School—2-Day Online Seminar</b>
Last Name	<b>Day 1</b> <input type="checkbox"/> Nov 3 & 4 (mornings) <input type="checkbox"/> Nov 3 & 4 (afternoons) <b>Choice:</b> <input type="checkbox"/> Nov 10 & 11 (mornings) <input type="checkbox"/> Nov 10 & 11 (afternoons) <input type="checkbox"/> Nov 18 (all day)
First Name <span style="float: right;">MI</span>	
Organization/Firm	<b>Day 2</b> <input type="checkbox"/> Nov 5 & 6 (mornings) <input type="checkbox"/> Nov 5 & 6 (afternoons) <b>Choice:</b> <input type="checkbox"/> Nov 12 & 13 (mornings) <input type="checkbox"/> Nov 12 & 13 (afternoons) <input type="checkbox"/> Nov 19 (all day)
If you are registering for Fall Tax School, you must provide a street address. We will ship the book(s) that accompany instruction before your online sessions. <b>We cannot ship to PO boxes.</b>	
Street Address	Registration Fee for <b>2-Day</b> Seminar: \$250 (\$310 after October 20)* <span style="float: right;">\$</span>
Address Line 2	Registration Fee for <b>1-Day</b> Seminar only: \$150 (\$180 after October 20) <span style="float: right;">\$</span>
City	CPE Filing Fee Per Day: <input type="checkbox"/> CFP \$15 x ____ (days) <span style="float: right;">\$</span> <input type="checkbox"/> IL Insurance \$15 x ____ (days) <span style="float: right;">\$</span> <input type="checkbox"/> IL MCLE \$25 x ____ (days) <span style="float: right;">\$</span>
State <span style="float: right;">Zip Code</span>	
Daytime Phone ( )	
E-mail	<b>Farm Tax Planning When Nothing is Normal—Online Seminar</b> \$250   Thursday, October 1 <span style="float: right;">\$</span>
ARDC#:	Filing fees: <input type="checkbox"/> \$15 CFP Credit <span style="float: right;">\$</span> <input type="checkbox"/> \$25 IL MCLE Credit <span style="float: right;">\$</span>
CFP#:	<b>Total Payment</b> <span style="float: right;"><b>\$</b></span>
NPN#:	<input type="checkbox"/> Make checks payable to <input type="checkbox"/> Credit cards accepted: University of Illinois <input type="checkbox"/> Visa <input type="checkbox"/> MC (\$60 fee for returned checks) <input type="checkbox"/> Discover <input type="checkbox"/> AmEx
PTIN# (EAs and AFSP participants only):	Credit card number
<input type="checkbox"/> I am a current University of Illinois employee.	Exp. Date <span style="float: right;">Security Code</span>
	Name (on card)
	Billing Street Address, City, State, Zip Code
	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

\*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.

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