

# Order Form

Birth Month/Day ____ / ____	<b>Fall Tax School—2-Day Online Seminar</b>
Last Name	<b>Day 1</b> <input type="checkbox"/> Nov 2 & 3 (mornings) <input type="checkbox"/> Nov 2 & 3 (afternoons) <b>Choice:</b> <input type="checkbox"/> Nov 9 & 10 (mornings) <input type="checkbox"/> Nov 9 & 10 (afternoons) <input type="checkbox"/> Nov 15 (all day) <input type="checkbox"/> Nov 17 (all day)
First Name _____ MI	<b>Day 2</b> <input type="checkbox"/> Nov 4 & 5 (mornings) <input type="checkbox"/> Nov 4 & 5 (afternoons) <b>Choice:</b> <input type="checkbox"/> Nov 11 & 12 (mornings) <input type="checkbox"/> Nov 11 & 12 (afternoons) <input type="checkbox"/> Nov 16 (all day) <input type="checkbox"/> Nov 18 (all day)
Organization/Firm	
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 19)* \$
Address Line 2	Registration Fee for <b>1-Day</b> Seminar only: \$150 (\$180 after October 19) \$
City	CPE Filing Fee Per Day: <input type="checkbox"/> IL Insurance \$15 x ____ (days) \$ <input type="checkbox"/> IL MCLE \$25 x ____ (days) \$
State _____ Zip Code _____	<b>Subtotal</b> \$
Daytime Phone ( _____ )	<b>Farm Tax Planning Amidst Uncertainty</b>
E-mail	<b>Tuesday, Sept. 28</b>
ARDC#:	<b>\$250</b> \$
CFP#:	Filing Fee: <input type="checkbox"/> \$25 IL MCLE Credit \$
NPN#:	<b>Subtotal</b> \$
PTIN# (EAs and AFSP participants only):	<b>Total Payment</b> \$
<input type="checkbox"/> I am a current University of Illinois employee.	*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.
<b>Payment</b>	<b>Mail To:</b>
<input type="checkbox"/> Make checks payable to University of Illinois (\$60 fee for returned checks)	University of Illinois Tax School 412 Mumford Hall, MC-710 1301 W. Gregory Drive Urbana, IL 61801
<input type="checkbox"/> Credit cards accepted: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AmEx	<b>Fax To:</b> 217-244-5933
Credit card number	
Exp. Date _____ Security Code _____	
Name (on card)	
Billing Street Address, City, State, Zip Code	
Signature	

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