

Order Form

Birth Month/Day ____ / ____	Fall Tax School—2-Day Online Seminar
Last Name	Day 1 <input type="checkbox"/> Nov 2 & 3 (mornings) <input type="checkbox"/> Nov 2 & 3 (afternoons) Choice: <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	Day 2 <input type="checkbox"/> Nov 4 & 5 (mornings) <input type="checkbox"/> Nov 4 & 5 (afternoons) Choice: <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. We cannot ship to PO boxes.	
Street Address	Registration Fee for 2-Day Seminar: \$250 (\$310 after October 19)* \$
Address Line 2	Registration Fee for 1-Day Seminar only: \$150 (\$180 after October 19) \$
City	CPE Filing Fee Per Day: <input type="checkbox"/> IL Insurance \$15 x ____ (days) \$ <input type="checkbox"/> CFP \$15 x ____ (days) \$ <input type="checkbox"/> IL MCLE \$25 x ____ (days) \$
State _____ Zip Code _____	Subtotal \$
Daytime Phone (_____)	Farm Tax Planning Amidst Uncertainty
E-mail	Tuesday, Sept. 28
ARDC#:	\$250 \$
CFP#:	Filing Fee: <input type="checkbox"/> \$25 IL MCLE Credit \$
NPN#:	Subtotal \$
PTIN# (EAs and AFSP participants only):	Total Payment \$
<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.
Payment	
<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	
Exp. Date _____ Security Code _____	
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

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