

# Fall Tax School Registration Form

Birth Month/Day _____ / _____	<b>Online Fall Tax School</b>
Last Name	<b>Day 1</b>
First Name _____ MI _____	<b>Mornings:</b> <input type="checkbox"/> <b>Nov. 19–20</b> 8AM to 12PM CST
Organization/Firm	<b>Afternoons:</b> <input type="checkbox"/> <b>Nov. 19–20</b> 1PM to 5PM CST
You must provide a street address. We will ship the <i>Federal Tax Workbook</i> to you before the date(s) of the event. <b>We cannot ship to PO boxes.</b>	<b>All Day:</b> <input type="checkbox"/> <b>Nov. 25</b> 8AM to 5PM CST
Street Address	<input type="checkbox"/> <b>Dec. 3</b> 8AM to 5PM CST
Address Line 2	<input type="checkbox"/> <b>Dec. 5</b> 8AM to 5PM CST
City	<b>Day 2</b>
State _____ Zip Code _____	<b>Mornings:</b> <input type="checkbox"/> <b>Nov. 21–22</b> 8AM to 12PM CST
Daytime Phone ( _____ ) _____	<b>Afternoons:</b> <input type="checkbox"/> <b>Nov. 21–22</b> 1PM to 5PM CST
E-mail: _____	<b>All Day:</b> <input type="checkbox"/> <b>Nov. 26</b> 8AM to 5PM CST
ARDC#: _____	<input type="checkbox"/> <b>Dec. 4</b> 8AM to 5PM CST
CFP#: _____	<input type="checkbox"/> <b>Dec. 6</b> 8AM to 5PM CST
NPN#: _____	Registration Fee for <b>2-Day Seminar</b> :
PTIN# (EAs and AFSP participants only): _____	2-Day \$310 (\$370 after October 4)* _____ \$
<input type="checkbox"/> I am a current University of Illinois employee.	Registration Fee for <b>1-Day Seminar</b> only (Day 1 or Day 2):
<b>Payment</b>	\$180 (\$210 after Oct 4) _____ \$
<input type="checkbox"/> Make checks payable to University of Illinois (\$60 fee for returned checks)	<b>2-Day In-Person Fall Tax School</b>
<input type="checkbox"/> Credit cards accepted: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AmEx	<input type="checkbox"/> <b>Tues., Nov. 5 &amp; Wed., Nov. 6</b>
Credit card number _____	<input type="checkbox"/> I Hotel and Conference Center, Champaign, IL
Exp. Date _____ Security Code _____	<input type="checkbox"/> <b>Thurs., Nov. 7 &amp; Fri., Nov. 8</b>
Name (on card) _____	<input type="checkbox"/> Harper College, Palatine, IL
Billing Street Address, City, State, Zip Code	<input type="checkbox"/> <b>Tues., Nov. 12 &amp; Wed., Nov. 13</b>
Signature _____	<input type="checkbox"/> Thelma Keller Convention Center, Effingham, IL
	Registration Fee for <b>2-Day Seminar</b> :
	2-Day \$370 (\$430 after October 4) _____ \$
	This includes a non-refundable facility fee of \$60.
	<b>CPE Filing Fee Per Day:</b>
	<input type="checkbox"/> IL Insurance \$15 x _____ (days) _____ \$
	<input type="checkbox"/> CFP \$25 x _____ (days) _____ \$
	<input type="checkbox"/> IL MCLE \$25 x _____ (days) _____ \$
	<b>Total Payment</b> _____ <b>\$</b>
	*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.

## 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 \_\_\_\_\_