

# 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. 11-12</b> 8AM to 12PM CST
Organization/Firm	<b>Afternoons:</b> <input type="checkbox"/> <b>Nov. 11-12</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. 18</b> 8AM to 5PM CST
Street Address	<input type="checkbox"/> <b>Nov. 20</b> 8AM to 5PM CST
Address Line 2	<input type="checkbox"/> <b>Nov. 24</b> 8AM to 5PM CST
City	<b>Day 2</b>
State Zip Code	<b>Mornings:</b> <input type="checkbox"/> <b>Nov. 13-14</b> 8AM to 12PM CST
Daytime Phone ( )	<b>Afternoons:</b> <input type="checkbox"/> <b>Nov. 13-14</b> 1PM to 5PM CST
E-mail:	<b>All Day:</b> <input type="checkbox"/> <b>Nov. 19</b> 8AM to 5PM CST
ARDC#:	<input type="checkbox"/> <b>Nov. 21</b> 8AM to 5PM CST
CFP#:	<input type="checkbox"/> <b>Nov. 25</b> 8AM to 5PM CST
NPN#:	Registration Fee for <b>2-Day</b> Seminar: 2-Day \$320 (\$380 after Oct. 10)* \$
PTIN# (EAs and AFSP participants only):	Registration Fee for <b>1-Day</b> Seminar only (Day 1 or Day 2): \$185 (\$215 after Oct. 10) \$
<input type="checkbox"/> I am a current University of Illinois employee.	<b>2-Day In-Person Fall Tax School</b>
<b>Payment</b>	<input type="checkbox"/> <b>Tues., Nov. 4 &amp; Wed., Nov. 5</b> Harper College, Palatine, IL
<input type="checkbox"/> Make checks payable to University of Illinois (\$60 fee for returned checks)	<input type="checkbox"/> <b>Thurs., Nov. 6 &amp; Fri., Nov. 7</b> Bloomington-Normal Marriott Hotel & Conference Center Normal, IL
<input type="checkbox"/> Credit cards accepted: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AmEx	Registration Fee for <b>2-Day</b> Seminar: 2-Day \$380 (\$440 after Oct. 10) \$
Credit card number	This includes a non-refundable facility fee of \$60.
Exp. Date Security Code	<b>CPE Filing Fee Per Day:</b>
Name (on card)	<input type="checkbox"/> IL Insurance \$15 x ____ (days) \$
Billing Street Address, City, State, Zip Code	<input type="checkbox"/> CFP \$25 x ____ (days) \$
Signature	<input type="checkbox"/> IL MCLE \$25 x ____ (days) \$
	<b>Total Payment</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  
Taft House  
1401 S. Maryland Dr. | MC-709  
Urbana, IL 61801

## Fax To:

217-244-5933

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