

Fall Tax School Registration Form

Birth Month/Day _____ / _____	Online Fall Tax School
Last Name	Day 1
First Name _____ MI _____	Mornings: <input type="checkbox"/> Nov. 11-12 8AM to 12PM CST
Organization/Firm	Afternoons: <input type="checkbox"/> Nov. 11-12 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. We cannot ship to PO boxes.	All Day: <input type="checkbox"/> Nov. 18 8AM to 5PM CST
Street Address	<input type="checkbox"/> Nov. 20 8AM to 5PM CST
Address Line 2	<input type="checkbox"/> Nov. 24 8AM to 5PM CST
City	Day 2
State _____ Zip Code _____	Mornings: <input type="checkbox"/> Nov. 13-14 8AM to 12PM CST
Daytime Phone (_____) _____	Afternoons: <input type="checkbox"/> Nov. 13-14 1PM to 5PM CST
E-mail: _____	All Day: <input type="checkbox"/> Nov. 19 8AM to 5PM CST
ARDC#: _____	<input type="checkbox"/> Nov. 21 8AM to 5PM CST
CFP#: _____	<input type="checkbox"/> Nov. 25 8AM to 5PM CST
NPN#: _____	Registration Fee for 2-Day Seminar : 2-Day \$320 (\$380 after Oct. 10)* \$ _____
PTIN# (EAs and AFSP participants only): _____	Registration Fee for 1-Day Seminar only (Day 1 or Day 2): \$185 (\$215 after Oct. 10) \$ _____
<input type="checkbox"/> I am a current University of Illinois employee.	2-Day In-Person Fall Tax School
Payment	<input type="checkbox"/> Tues., Nov. 4 & Wed., Nov. 5 Harper College, Palatine, IL
<input type="checkbox"/> Make checks payable to University of Illinois (\$60 fee for returned checks)	<input type="checkbox"/> Thurs., Nov. 6 & Fri., Nov. 7 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 2-Day Seminar : 2-Day \$380 (\$440 after Oct. 10) \$ _____
Credit card number _____	This includes a non-refundable facility fee of \$60.
Exp. Date _____ Security Code _____	CPE Filing Fee Per Day:
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) \$ _____
	Total Payment \$ _____
	*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 _____