

2017 Credits & Incentives School

May 15-8, 2017 * Georgia Tech Hotel & Conference Center * Atlanta, Georgia

REGISTRATION FORM

Mr. Ms. Full Name: _____ First/Informal: _____
Title: _____ Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____ Arrival Date: _____ Arrival Time: _____

A \$100 cancellation fee applies to any accepted registration. No refunds will be made after May 8, 2017.

A substitution charge applies for any Registrant changes: \$40 before May 8, 2017; \$50 after this date.

Registrants for this program are expected to reside under the group block at the Georgia Tech Hotel and Conference Center, located at 800 Spring St NW, Atlanta, GA 30354. In cases where local registrants from the Atlanta area are not residing at the Georgia Tech Hotel & Conference Center, there is an added registration fee supplement of \$440.00. This fee must be paid by anyone not listed the IPT block of rooms. See page 13 of brochure.

PROFILE INFORMATION *(to be used for developing a profile and is for school use only)*

Education No College Some College Associate Baccalaureate Advanced
Major: _____ Age: _____
Years' Experience: _____ C&I Compliance: _____ Statutory Credits: _____ Negotiated Incentives: _____
Professional Designations Held: _____
State Bar/ Attorney/ CPA number & state licensed: _____
Other organizations certified or licensed: _____
List other IPT schools that you have attended: _____

REGISTRATION FEES

Before April 28, 2017

Member fee w/ printed course notebook (I personally hold a membership) \$845

C&I Associate Member \$275 + Registration Fee

My company has members in IPT, so I am enclosing my associate membership application with the non-refundable \$275 dues to make me eligible for for the appropriate member registration fee

\$1,120 - with course notebook



Supplemental Fee for not staying at GA Tech Hotel & Conference Center \$440
(In all instances where not staying at the hotel under the IPT Group rate)

IPT files the initial CLE application with each program's hosting state and property tax programs with TDLR. Any individual's attendance fee beyond the initial application fee are the responsibility of the individual.

TOTAL FEES

METHOD OF PAYMENT

Please make check payable to:
Name: **Institute for Professionals in Taxation**
Address: **1200 Abernathy Road, NE
Building 600, Suite L-2
Atlanta, GA 30328**
Phone: **(404) 240-2300**
Fax: **(404) 240-2315**

Credit Card: Master Card Visa AMEX

Card Number: _____
Expiration Date (MM/YY): _____ CVV/Security Code: _____
Card Holder Name: _____
Signature: _____
Billing Address: _____