



VALUE ADDED TAX SYMPOSIUM

Hyatt Regency Toronto * Toronto, ON, Canada

October 10-12, 2017

Name: _____

Badge Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Registration Fee:

- IPT Member \$695.00
- Non-Member \$945.00

Note: Registration forms received after September 8, 2017 will be assessed an additional \$50.00.

If you wish to become a member of IPT and the company you work for already has a membership in IPT, you may download a membership application from the IPT website and submit it, along with your dues payment, to make you eligible for the member fee.

Date Arriving at Hotel: _____ not staying at program hotel

The following information is being used for developing a participant profile and is confidential:

Gender: Male Female Age: 20-30 31-40 41-50 51-60 60+ Years of Tax Experience: _____

Level of Education: No College Some College Associate Degree Baccalaureate Degree Advanced Degree

One or two word description of your industry (i.e. manufacturing, consulting, etc.) _____

State Bar/Attorney number & state where licensed: _____

CPA number & state where licensed: _____

Other organizations where certified or licensed including number and state: _____

Breakout Session Checklist - Please select one from each of the time blocks.

		Tuesday, October 10
1:00 pm - 3:00 pm	<input type="radio"/> Introduction to VAT - Basics	<input type="radio"/> Advanced VAT Topics
3:30 pm - 5:00 pm	<input type="radio"/> Sales and Use Tax Introduction	<input type="radio"/> Advanced Sales and Use Tax
		Wednesday, October 11
10:30 am - 12:00 pm	<input type="radio"/> Balance Sheet Management	<input type="radio"/> Indirect Tax - Canada
1:15 pm - 2:30 pm	<input type="radio"/> Sin Type Taxes Around the World	<input type="radio"/> Selling Goods and Services in the Digital Economy
2:45 pm - 3:45 pm	<input type="radio"/> Tax Ideas That Work for Both SUT & VAT	<input type="radio"/> Intersection of Tax, Customs, and TP and the US Border Tax

PAYMENT OPTIONS: Check-Payable To: **Institute for Professionals in Taxation**

Credit Card: American Express VISA MasterCard

Card Number: _____ Exp Date: _____

Cardholder Name: _____ Security/CVV _____

Cardholder Signature: _____

Billing Address: _____

All registrations must be accompanied by full payment. All registration forms are subject to a \$100 cancellation fee. No refunds will be made after September 29th. You may fax this form to: 404/240-2315. Confirmation of acceptance will be emailed. All cancellations, substitutions, and refund requests must be received by the IPT office in writing.

The symposium registration fee provides for the usual education expenses and also includes luncheons, receptions, refreshment breaks and symposium materials.

INSTITUTE FOR PROFESSIONALS IN TAXATION

1200 Abernathy Road, Building 600, Suite L-2
Atlanta, Georgia 30328
Phone: 404/240-2300 Fax: 404/240-2315