

2018 SALES TAX SCHOOL II - Theory & Practice for the Experienced Sales & Use Tax Professional
Georgia Tech Hotel and Conference Center * Atlanta, Georgia* April 22 - 27, 2018

REGISTRATION FORM

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

I confirm by submitting this registration form that I have attended and passed the IPT Sales Tax School I **OR** I have taken and passed the Sales Tax School I Challenge Exam

IPT is accredited by NASBA for CPE purposes. IPT files a Continuing Legal Education (CLE) application with the state in which the program is held. Any fee imposed by an individual state based on an individual's credit hours is the responsibility of the individual.

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

Education No College Some College Associate Baccalaureate Advanced

Years of Tax Experience: _____ Age: _____

Professional Designations Held: _____

State Bar/ Attorney/ CPA number & state licensed: _____

REGISTRATION FEES

Before March 16, 2018 (Fees Increase by \$50 after this date)

- IPT Member \$845
- Non-Member (individual does not personally hold membership, but company/
firm has members in IPT) \$1,345
- Consultant Membership \$375 + Registration Fee
*I work for a consulting company that already has IPT members, so I am enclosing my
Consultant Membership Application with the non-refundable \$375 dues to make me eligible
for the appropriate member registration fee.* \$1,220
- Supplemental Fee for not staying at GA Tech
(In all instances where not staying at the hotel under the IPT Group rate) \$625 _____
- Sales and Use Taxation book 2nd Edition on a Convenient Flashdrive (non-refundable) \$100 _____
(supplemental reference reading, not required for school)
- Georgia Residents please include Georgia Sales Tax \$7 _____

Corporate Membership - I am not a member of IPT, but my company may have membership available under the IPT corporate tier membership program. By checking this box I am asking IPT to see if I qualify for an available membership slot under my company.

TOTAL FEES

All registrations must be accompanied by full payment. A confirmation will be sent via e-mail.

A \$100 cancellation fee applies to any accepted registration. No refunds will be made after April 13, 2018.

A substitution charge applies for any Registrant changes: \$40 before March 16, 2018; \$50 after this date.

For those not residing at the Georgia Tech Hotel and Conference Center because they are a local attendee, choose not to stay at the program hotel or for non-availability, there is a mandatory \$625 supplemental fee payable to IPT. The \$625 supplemental fee covers: dinner on Sunday night, continental breakfast items available on the second floor (not the full breakfast in the dining room), lunch Monday through Thursday, internet, parking, refreshment breaks and the individual daily participant fee charged by the hotel that covers AV and meeting room space.



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: _____