

**IPT/IP Sales & Use Tax Workshop - Manufacturing in the SE**  
**International Paper \* Memphis, TN \* March 27-29, 2018**

**REGISTRATION FORM**

Mr.  Ms. Full Name: \_\_\_\_\_ First/Informal: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Major: \_\_\_\_\_ Age: \_\_\_\_\_

**REGISTRATION FEES - Open to IPT members and non members whose company is eligible for membership**

Registration fee (I personally hold a membership or my company is eligible for membership)  \$395

Consultant Membership \$375 - Be sure to check the Member 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.*  \$375

**TOTAL FEES**

**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.

**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: \_\_\_\_\_