

2019 State Income Tax School I
UCONN School of Law * Hotel Accommodations DELAMAR West Hartford * West Hartford, CT
July 15 - 19, 2019

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

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

The cancellation fee is \$100 for any filed registration. After June 14, no refunds will be made. No cancellations will be valid unless submitted in writing to IPT.

For more information regarding administrative policies, such as complaint and refund, contact our office at (404) 240-2300.

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' State Income Tax Experience: _____ Age: _____

Professional Designations Held: _____

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

REGISTRATION FEES - Discounted Rate Before June 14, 2019 (Increases 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 \$1,220
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.

Transportation - 4 Day Shuttle Service Round-trip from DELAMAR to UCONN. You must pre register. \$80

State and Local Taxation - Richard Pomp (Recommended, Not Required) \$50

IPT State Business Income Taxation Book (Recommended, Not Required) \$100

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

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): _____ CVW/Security Code: _____
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 Billing Address: _____