

**2019 STATE INCOME TAX SCHOOL II**  
**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): \_\_\_\_\_ CVV/Security Code: \_\_\_\_\_  
 Card Holder Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_