

# Seminar Registration

## SPRING 2019

### ADVANCED INTERSTATE-\$885\*\*\*

- ☐ May 7-8, Miami Beach, FL
- ☐ Early Payment Discount (\$30)\*

### ADVANCED SALES & USE-\$885\*\*\*

- ☐ May 9-10, Miami Beach, FL
- ☐ Early Payment Discount (\$30)\*
- ☐ Discount All 4 Days (ADV.) (\$60)

### SALES & USE TAX PLANNING-\$885\*\*\*

- ☐ June 3-4, Atlanta, GA
- ☐ June 17-18, New York, NY
- ☐ June 24-25, San Francisco, CA
- ☐ Early Payment Discount (\$30)\*

### INTERSTATE TAX PLANNING-\$1175\*\*\*

- ☐ June 5-7, Atlanta, GA
- ☐ June 19-21, New York, NY
- ☐ June 26-28, San Francisco, CA
- ☐ Early Payment Discount (\$50)\*
- ☐ Discount All 5 Days (S&U & INT) (\$80)

### CONTINUING EDUCATION CREDIT

- ☐ Attorney ☐ CPA
- ☐ License # \_\_\_\_\_
- ☐ Accrediting Org. \_\_\_\_\_

(e.g., Texas Board of Accountancy)

\*Registrations must be *received with payment* by Interstate Tax Corporation at least 4 weeks before a conference date to qualify for Early Payment Discounts.

\*\*\*All Fees must be paid in U.S. dollars

### FEES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL** \_\_\_\_\_

**TO REGISTER:** Please complete this form and send the entire page with full payment to Interstate Tax Corporation. Use a separate form for each additional registrant. You may register with a credit card by faxing your registration form to 203-853-9510, calling 203-854-0704, or mail your registration (with check or credit card authorization) to:

Registrar, Interstate Tax Corporation, Dept. WS  
83 East Avenue, Suite 110, Norwalk, CT 06851

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Priority Code** \_\_\_\_\_

Please help us expedite your registration. If you received our brochure in the mail and are using a web site form to register, enter the Priority Code from the original mailing label, even if it was addressed to someone else. Thank you!

☐ Check enclosed (payable to Interstate Tax Corporation)

I authorize you to charge my ☐ Visa ☐ MasterCard ☐ Amex

Card # \_\_\_\_\_

Sec. Code \_\_\_\_\_ Billing Address Zip Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_