

Registration Form - 2017 Conference (11/16 and 11/17)

Name:			<u> </u>
Firm:			_
Email:			
Billing Address:			
Billing City/State/Zip:			
Telephone:		PTIN for CPE:	
Registration Rate			
□ \$25 - LITC W	orkshop (on 11	./16/17 from 12:	00 pm – 3:00 pm)
□ \$199 Full-Da	y Conference (I	Early-Bird Rate u	ntil 10/1/17, then \$249)
In-Person	Webcast _		
PAYMENT METHOD □ VISA □ MA			
Card Number:			Exp. Date:
Print Name on Card:			CVV:
Signature:			Billing Zip:
To REGISTER: Complete this form wit Mail: Green & Sklarz LLC, Fax: Attn: NE IRS Represe Email: Print and scan a confidence of the line Refund Policy: Due to the line	Attn: NE IRS Represer entation Conference, 2 opy of the form to <u>reg</u>	ntation Conference, 700 203-691-5454 istration@irsrepconfere	State St, Ste 100, New Haven, CT 06511
Conference Dates: L	.ITC Workshop – No	vember 16 th , 12:00 pm	ı – 3:00 pm EST
F	- -ull-Day Conference	– Friday November 17	oth. 8:30 am – 5:30 pm EST