

Registration Form - 2018 Conference

Name	:		
Firm:_			
Email:			
Billing	Address:		
Billing	City/State/Zip:		
Teleph	one: PTIN for CPE:		
Regist	ration Rate		
	\$25 Thursday LITC Workshop (11/29)	In-Person	Webcast
	\$199 Conference Rate (11/30)	In-Person	Webcast
PAYM	IENT METHOD		
□ v	ISA 🗆 MASTERCARD 🗀 AMEX		
Card Number: Exp. Date:			
Print Name on Card:		CVV:	
Signat	ure:	Billing Zip:	
Comp <u>Mail</u> : (<u>Fax</u> : At	EGISTER: lete this form with your payment information and Green & Sklarz LLC, Attn: NE IRS Representation Conferent: NE IRS Representation Conference, 203-691-5454 Print and scan a copy of the form to registration@irsre	ence, 700 State St, Ste 100), New Haven, CT 06511
<u>Refui</u> 2018	nd Policy: Due to limited seating, refunds w	vill not be given afte	r November 1,
Conference Dates: November 29 & 30, 2018, Location: Mohegan Sun Casino Resort, Uncasville, CT			