

INDIVIDUAL REGISTRATIONS FORM

63rd Annual Federal & State Income Tax Institute

Direction: Complete form with all required information. Email or mail form to contact information below.

Complete form for individual attendee

Attendee Name (PRINT) First _____ Middle Initial _____ Last _____

Attendee Email _____ Receive email updates _____ Phone _____

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Billing Person Contact: First Name _____ Last Name _____ Email _____

Registration Fee: Early Bird Registration - \$399.00 _____ General Registration – After October 15, 2017 -- \$449.00 _____

The 2 day registration fee will include all course materials, Lunch, morning & afternoon breaks.

NOTE: New Professional Registration – (credit card only registration) - (New Professional is CPA or Attorney who received their license/certification during the years of 2015, 2016, 2017)

Sites & Dates – Check which one you are attending

Scottsbluff – Nov 6-7 (Mon/Tues) _____	North Platte – Nov 9-10 (Thurs/Fri) _____	Kearney – Nov 13/14 (Mon/Tues) _____	Grand Island – Nov 16-17 (Thurs/Fri) _____
Norfolk – Nov 20-21 (Mon/Tues) _____	Omaha/Bellevue - <i>Beardmore Event Center</i> - Dec 4-5 Mon/Tues) _____	Lincoln - <i>The Graduate (former the Downtown Holiday Inn)</i> Dec 11/12 (Mon/Tues) _____	Lunch Each Day at all sites !

<p>In Order to file your CEU information please include your Licensing # when Applicable</p> <p>PTIN # _____</p> <p>Insurance Agent # _____</p> <p>CFP Agent # _____</p>	<p>CEUs - Check all that apply</p> <p>PTIN _____ AFSP _____</p> <p>Insurance Agent _____</p> <p>CPA _____ CFP _____</p> <p>General Accountant _____</p> <p>Attorney _____</p> <p>Legal Assistant _____</p> <p>Other _____</p>	<p>Select Site</p> <p>Scottsbluff _____</p> <p>North Platte _____</p> <p>Kearney _____</p> <p>Grand Island _____</p> <p>Norfolk _____</p> <p>Omaha/Bellevue _____</p> <p>Lincoln _____</p>
---	--	---

Payment Information

Visa MasterCard Card Number _____

Expiration Date Month _____ Year _____ Security Code on Card _____

Name of Card Holder _____

Address connected with CARD Street _____ City _____ State _____

Name as it appears on the card _____

Payment by Check – Make payable to University of Nebraska
Send Payment and Completed REGISTRATIONS FORM(s) to

Tax Institute
730 N 14th St 201H
Lincoln NE 68588-0467

Email - virginia@unl.edu

Office – 402-472-9334

Questions about Multiple Registration - Contact Virginia - 402 - 472-9334 or 402-525-7676 or email virginia@unl.edu

Visit website for information on attendee substitute, cancellation policy and other information: <http://taxinstitute.unl.edu>