

Conference Registration Form

Introductory Tax Preparation Seminar

Please print or type—complete a separate form for each participant

Name _____

Title _____

Organization _____

*Org.'s FID# _____

Address _____

City _____ State _____ Zip _____

Daytime Phone No. _____ Fax No. _____

Email _____ Signature _____

- | 1st choice | 2nd choice | Location |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Roanoke: January 4, 2017 (568708ITRO)
<input type="checkbox"/> \$160 Fee (\$185 after December 19, 2016) |
| <input type="checkbox"/> | <input type="checkbox"/> | Richmond: January 5, 2017 (568708ITR)
<input type="checkbox"/> \$160 Fee (\$185 after December 19, 2016) |

Please provide your PTIN# (for IRS credit): _____

If seeking EA or CPA certification please provide your License #:

EA License #: _____ CPA License #: _____

Refund, Switch and Cancellation Policies: Written requests for refunds will be honored when received 14 business days prior to the program. However, another person may be substituted at any time for this program. A \$60 administrative fee will be deducted for all cancellations. No-shows will forfeit their payment. Should a participant decide to switch locations after registering, there will be a \$25 charge for processing the location change. Switches will be processed when all additional fees are paid. Exceptions for cancellations or switching are limited to family death or verifiable medical emergencies, or court appearances. In the unlikely event that this program is cancelled or postponed due to insufficient enrollment or unforeseen circumstances, the university will fully refund registration fees but cannot be held responsible for any other expenses, including cancellation or change charges assessed by airlines, hotels, travel agencies, or other organizations.

For weather or disaster-related program cancellation or postponement information, please call 540-231-9489.

Return with payment by **December 28, 2016**
(no staples, tape, or paper clips, please) to:

Conference Registrar
Continuing and Professional Education
Virginia Tech, Mail Code 0272
702 University City Blvd.
Blacksburg, VA 24061

phone: 540/231-5182
fax: 540/231-3306 (for credit card registrations only)

Method of payment: Payment of registration fees is required prior to program attendance. Registration will be processed when payment is received.

Check enclosed (Make payable to: Treasurer, Virginia Tech CE)
Checks must be drawn on U.S. bank in U.S. dollars.
(There will be a \$50 processing fee for all returned checks.)

Credit Card: Visa MC AmEx
(Credit Card payment may be mailed, faxed, or given to registrar over the phone. No credit card information will be processed by voice mail or email.)

Cardholder name _____

Cardholder signature _____ Date _____

Card No. _____ Exp. Date _____

*Necessary to process a refund payable to any company, agency or government.

The information you provide is subject to the Freedom of Information Act guidelines.

Office Use	Entered	AMT: _____
		CC/CHK#: _____
		DATE: _____

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