

# Seminar Registration

## Fall 2023

### ADVANCED SALES & USE-\$875\*\*\*

- Oct. 30-Nov. 2, 2023  
1: 00 PM-5:30 PM ET Live On-Line
- Early Payment Discount (\$25)\*  
\*(must be received by ITC by 10/09/23 to qualify)

### ADVANCED INTERSTATE-\$875\*\*\*

- Nov. 13-16, 2023  
1: 00 PM-5:30 PM ET Live On-Line
- Early Payment Discount (\$25)\*  
\*(must be received by ITC by 10/23/23 to qualify)
- Discount Both Adv. Seminars (\$50)

### SALES & USE TAX PLANNING-\$875\*\*\*

- Nov. 28-Dec. 1, 2023  
1:00 PM-5:30 PM ET Live On-Line
- Early Payment Discount (\$25)\*  
\*(must be received by ITC by 11/07/23 to qualify)

### INTERSTATE TAX PLANNING-\$1100\*\*\*

- Dec. 4-8, 2023  
12:30 PM-5:30 PM ET Live On-Line
- Early Payment Discount (\$25)\*  
\*(must be received by ITC by 11/13/23 to qualify)
- Discount Both Planning Seminars (\$50)

### 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 3 weeks before a seminar start date to qualify for Early Payment Discounts.

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

### FEES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

### TO REGISTER:

Please complete this form (one for each attendee) and send the entire page with full payment to Interstate Tax Corporation. You may call us at 203-854-0704 to register by phone, fax your credit card registration to (203) 853-9510, or mail your registration (with check or credit card authorization) to:

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

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \*\* \_\_\_\_\_

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

**\*\*Note:** Please fill in the phone number where you can be reached during the seminar, even if this is not your regular office number.

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 \_\_\_\_\_