



**Tax Council
Policy Institute**

Registration Form - Annual Tax Policy & Practice Symposium

Name: _____

Title: _____

Company: _____

Address: _____

City & State: _____ **Zip:** _____

Phone: _____

Email: _____

Please check appropriate box(es):

I would like to receive CPE accreditation (no state selection required)

I would like to receive CLE accreditation for the following state: _____

The conference fee includes meals as indicated in the schedule, snacks during all breaks, and the networking reception.

I would like to attend:

\$885 (payment postmarked by January 11, 2019)

\$985 (payment postmarked after January 11, 2019)

\$300 Government employees and members of academia (full-time students and faculty)

Please invoice me

Please mail this form along with your check payable to **Tax Council Policy Institute** to:

**Tax Council Policy Institute
600 13th Street NW, Suite 1000
Washington, DC 20005**

Contact us at general@thetaxcouncil.org or 202-822-8062 with any questions.