

Annual Tax Practice Seminar Registration Form

Thursday, October 29, 2015

Friday, October 30, 2015

Robert E. McKenzie, ESQ.

Vicki Mulak, EA, CFP

Advanced IRS Representation
Avoiding Ethical Violations

S-Corporation Intensive

Limited space so please RSVP early to reserve your seat!! The seminar location is at The Morro Bay Golf Course, 201 State Park Rd, Morro Bay, CA 93442. Your registration fee includes Full Breakfast and Ocean View Lunch both days, all inclusive. Registration & Breakfast 7:00 to 8:00 a.m. Seminar 8:00 a.m. to 5:00 p.m.

The Inn at Morro Bay has reserved a room block, under "Central Coast Chapter Enrolled Agents". To reserve a Garden Room at \$159.00 a night plus tax, call 805-772-5651. The cutoff date for this offer is Monday, September 28.

The Morro Bay Tourism Bureau has graciously provided a listing of hotels in the area. Hotels offering a discounted rate for this event, under the name "Central Coast Enrolled Agents", list their room rate. Please contact the hotel to make arrangements.

SEMINAR RATES	CSEA MEMBERS	NON CSEA MEMBERS
EARLY BIRD thru 9/25	\$ 390.00	\$ 450.00
AFTER 9/25	\$ 440.00	\$ 510.00



NO REFUNDS AFTER FRIDAY, OCTOBER 16, 2015. \$50.00 CANCELLATION FEE APPLIES.
For information contact Michele Jensen, EA
email: michele@CBIZCO.com phone 805-934-5370 fax 1-805-934-4433
www.centralcoastea.org

Please detach, complete, and mail this form with your payment. Copies will be accepted. \$50.00 Cancellation Fee Applies.

Please register me as an attendee for the Annual Tax Practice Seminar—Two Days All Inclusive October 29 & 30, 2015

I am including my payment of: \$ _____

I am eligible for the marked discount(s) CSEA Member Early Bird

EA CPA CFP CTEC License No. _____

PTIN No. _____

Attendee Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Please complete the registration form above by including your full mailing address, phone number & email.

VISA and MasterCard or payment by check are accepted.

Check Enclosed Payable to CCC-CSEA Charge my total to my: VISA MasterCard

Credit Card # _____

Exp. Date _____ CC Billing Zip Code _____

Signature _____

Cardholder Name (if Different) _____

Mail to: Michele Jensen, PO Box 1867, Santa Maria CA 93456 or fax to: 1-805-934-4433 www.centralcoastea.org