



2010 REGISTRATION FORM

(Please print)

NAME _____

NAME FOR BADGE _____

TITLE _____

COMPANY _____

ADDRESS _____

CITY, STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____

YES, This is my FIRST COST School

Continuing Education: I will apply for CLE CPE credit. State and license number required _____

Other Request: _____

Hotel Reservations:

Income and Sales Tax Schools: Room reservations are included with the registration fee for arrival on Sunday, April 25th and departure on Thursday, April 29th. If you plan to arrive earlier or depart later, please mark below your travel plans. The cost of an additional night is \$139 plus tax. You will be responsible for additional night payments upon check out of the hotel. Reservations must be made through COST.

Arrival : _____ (if other than Sunday, April 25th)

Departure: _____ (if other than Thursday, April 29th)

Cancellation Fees:

Income and Sales Tax Schools: Cancellations up until April 1st will receive a 50% refund, no refunds after the 1st.

Mail registration to: **Karen Galdámez**, COST, 122 C Street, NW, Suite 330, Washington, DC 20001 or fax **202.484.5229**.

All cancellations/substitutions must be in writing.

SPOUSE/GUEST REGISTRATION - (Please print)

SPOUSE NAME _____

NAME FOR BADGE _____

MEMBER REGISTRATION FEES

	On or Before 4/1	After 4/1
<u>Intermediate/Advanced State Income Tax School</u> (April 25-29, 2010, Atlanta, GA)		
COST Member	<input type="checkbox"/> \$2200	<input type="checkbox"/> \$2350
Commuter Fee*	<input type="checkbox"/> \$1700	<input type="checkbox"/> \$1850
COST Practitioner Connection Members	<input type="checkbox"/> \$2350	<input type="checkbox"/> \$2500
All other attendees **	<input type="checkbox"/> \$2450	<input type="checkbox"/> \$2600
Spouse/Guest Registration	<input type="checkbox"/> \$240	

<u>Intermediate/Advanced Sales Tax School</u> (April 25-29, 2010, Atlanta, GA)		
COST Member	<input type="checkbox"/> \$2200	<input type="checkbox"/> \$2350
Commuter Fee*	<input type="checkbox"/> \$1700	<input type="checkbox"/> \$1850
COST Practitioner Connection Members	<input type="checkbox"/> \$2350	<input type="checkbox"/> \$2500
All other attendees **	<input type="checkbox"/> \$2450	<input type="checkbox"/> \$2600
Spouse/Guest Registration	<input type="checkbox"/> \$240	

* *Commuter fee: The commuter fee is for individuals that live in the Atlanta area and wish to commute daily to the school and do not need sleeping accommodations.*

** *The school is open to tax professionals from industry (both COST member and non-COST member companies) and from practitioner firms.*

METHOD OF PAYMENT - Payments made to COST in US Dollars

Please check one

- Enclosed Check (Please make all checks payable to "Council On State Taxation" or "COST.")
- Charge to the following card:
MC VISA AMEX DINERS

Card Number _____

Expiration Date _____ Security # _____

Signature _____
(Credit Card Payment Only)

Bill to Address _____