

**1040 Tax In Depth Seminar Buxmont Chapter Gear Up Thomson Reuters
Thursday & Friday, December 5th & 6th, 2019**

Radisson Hotel Philadelphia Northeast
2400 Old Lincoln Highway
Trevose, PA 19053
(1/4 mile South of PA Turnpike Interchange 351)
Hotel Phone: (215) 638-8300

Registration: 7:00 am
Seminar: 8:00 a.m.—4:30 p.m.
CPE: 16 Hours Federal Tax
Also qualifies for 14 Hours CLE credits for Attorneys

If Postmarked on or before Nov. 26, 2019:
If Postmarked after Nov. 26, 2019:

PSTAP Member: \$325 Non-Member: \$385
PSTAP Member: \$395 Non-Member: \$455

- Registration fee includes seminar workbook, continental breakfast, lunch & refreshment breaks
- REGISTER Online with credit card: www.pstapcpe.com or Mail check payable to Buxmont Chapter PSTAP Attn: Seminar Registrations, 20 Erford Road, Suite 200A, Lemoyne, PA 17043**
- Seminar Confirmations—Sent upon registration, via email only—please provide your email address below
- Questions??? Contact PSTAP Executive Office at 1-800-270-3352 or by email at info@pstap.org
- Refund Policy: Cancellations received after Nov. 29, 2019 will be refunded less a \$25 service fee. **No refunds will be issued to no shows.**

Registration Form: (one form per registration—photocopy for additional registrants)

REGISTRATION DEADLINE: 11/30/2019

First Name _____ MI _____ Last _____ PSTAP ID #: _____

Firm: _____ Phone: () _____

Street Address _____ City _____ State _____ Zip _____

Email Address _____ License Number—CPA/PA—Required _____

Meal Choices Day 1—Please Choose One:

- Braised Beef Tips w/Thyme Demi Glaze
- Roasted Salmon w/Ginger Soy Sauce
- Quinoa w/Roasted Vegetables
- None

Meal Choices Day 2—Please Choose One:

- Chicken Wrapped w/Prosciutto in Roasted Tomato Sauce
- Oven Roasted Cod w/Caramelized Onion Chutney
- Roasted Zucchini Stuffed w/Ratatouille
- None

If Postmarked on or before Nov. 26, 2019: Member Fee: \$325
 Non-Member Fee: \$385

If Postmarked after Nov. 21, 2018: Member Fee: \$395
 Non-Member Fee: \$455

Please include additional \$21 for CLE credits

Send me an application to join PSTAP—Join prior to seminar and pay the member rate!

Check in the amount of: \$ _____ Enclosed—Payable to Buxmont Chapter PSTAP—Mailed to the above address **

VISA/Amex Acct # _____ Exp: _____ CVV: _____

MASTERCARD Acct # _____ Exp: _____ CVV: _____

Signature: _____

** Separate check requested for each event. Please do not combine meeting & seminar fees on same check.

IRS:

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•No show, no refund •All topics subject to change