

2010 Employee Benefit Plans Conference

Friday, April 30, 2010

Cool Springs Marriott, Franklin

Registration Form

Please use a separate form for each registrant. Registration forms may be photocopied.

Course Number: 618

Name _____ Nickname _____

TSCPA Member Number _____ Preferred Mailing: Home Work

Firm Name _____

Address _____ PO Box _____

City/State/Zip _____

Day Phone _____ Fax _____

E-mail _____

Registration Fees:		Materials Fee
Member Discount Fee	\$335	\$15
Conference Fee	\$410	\$15

Conference Materials:

- Printed Manual \$15 (Conference materials will be provided electronically to all registrants at no charge.)
 Online Materials Only \$0

Please indicate which breakout session you wish to attend:

2:30 - 3:20 p.m.

1. 403 (b)
 2. Nonqualified Plans

Check here if this is a change of address.

Check all that apply: CPA Not a CPA TSCPA Member Non-Member

Do you require continuing legal education (CLE)? Yes No BPR number: _____

Note: Continuing Legal Education processing fee: \$12

Charge to: MasterCard Visa

Your Total \$ _____

Cardholder Name _____

Card Number _____ Expiration Date _____

Credit Card Security Code (last three digits on back of credit card): _____

Signature of cardholder _____

Mail check to: Educational & Memorial Foundation of TSCPA, 201 Powell Place, Brentwood, TN 37027

TSCPA reserves the right to change any portion of this program due to unforeseen circumstances.

If you have special needs under the Americans with Disabilities Act, please attach a written description or call the society office at 615/377- 3825 or 1-800/762-0272.

For Staff Use Only

Initials: _____

Date: _____