

Hard Copy Registration Form

Save money by registering online at <https://vasea.wildapricot.org/event-4690232> or pay \$25 extra to complete this form and email to: admin@vasea.org

Call (804) 723-5888 to register over the phone.

Please print or type. Must use separate form and pay \$25 fee for each registrant.

Name (as registered with IRS) _____

Designations (EA, CPA, etc.) _____ PTIN (Required for IRS CE Credit) _____

Address: _____ City _____ State _____ Zip _____

Phone _____ Email _____

VASEA or NAEA Member/Associate [] yes [] no

Please check all that apply:

BEST VALUE!!!

Spring Seminar Discount Bundle – All 9 seminars - 18 Hours CE/CPE

Members - \$400 / Nonmembers - \$450 before Apr 30

Members - \$450 / Nonmembers - \$540 after Apr 30

Wednesday, June 8, 2022

- Tax Planning Strategies for Individuals
2 hours CE/CPE, 10 a.m.-noon ET
- Tax Planning Strategies for Businesses
2 hours CE/CPE, 1-3pm ET
- Taxation of Gambling Activities
2 hours CE/CPE, 3pm-5pm ET

Thursday, June 9, 2022

- IRS Collections – Post Pandemic
2 hours CE/CPE, 10 a.m.-noon ET
- A Review of US Tax Court Cases
2 hours CE/CPE, 1-3pm ET
- Cryptocurrency: What Tax Pros Need to Know
2 hours CE/CPE, 3pm-5pm ET

Friday, June 10, 2022

- Entity Selection
2 hours CE/CPE, 10 a.m.-noon ET
- Basics of Entity Basis
2 hours CE/CPE, 1-3pm ET
- Reconstructing Entity Basis
2 hours CE/CPE, 3pm-5pm ET

Early-bird Rate – Before April 30

\$400 early-bird discounted bundle rate for members

\$450 early-bird discounted bundle rate for non-members

Regular & Individual Session Rates - After April 30

\$450 (\$50 per 2-hour webinar) for members

\$540 (\$60 per 2-hour webinar) for non-members

No early-bird discount on individual seminar registrations.

*\$25 to register via email or phone with this registration form.

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<https://vasea.wildapricot.org/event-4690232>.

Seminar registration fee: _____

Email / phone registration fee: \$25

Total fee: _____

Credit Cards Accepted:

VISA, MasterCard, Discover, and AMEX

Credit Card Number _____

Expiration Date _____ Security Code _____

Name on Card _____

Billing Address _____