

Name: (Mr.) (Ms.) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Which session do you wish to attend? (Required) Circle One.

Florence      Columbia      Mt. Pleasant  
Clemson      Charleston      Spartanburg

I am enclosing a \$250.00 registration fee.

Walk in Registrations accepted, if space is available, at the rate of \$265.00

I am a Public Accountant \_\_\_ CPA \_\_\_ Attorney \_\_\_ Tax practitioner \_\_\_ Enrolled Agent \_\_\_ Other \_\_\_ (please check all that apply)

Approximate number of tax returns you prepare per year:

Farm returns \_\_\_ All other kinds \_\_\_

If you use a computer to prepare returns, what is the name of your tax software program: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail application early to:

**Income Tax Workshop**  
234 Barre Hall  
Clemson University  
Clemson, SC 29634-0313

Make \$250.00 check payable to: **Clemson University**. You will be automatically enrolled in the course *when we receive your fee*.

NOTE: A cancellation fee of \$35.00 will be charged if you pre-register and fail to notify us at least 3 working days in advance of the school that you wish to cancel attendance or change schools.

Please mail this registration form and payment at least 5 working days prior to the school you wish to attend. Otherwise, we will not receive it before the school.

If more information is needed, call (864) 656-3479.