

VA Society of Tax & Accounting Professionals

2018-19 Seminars - Vendor Registration



VIRGINIA SOCIETY OF

TAX & ACCOUNTING
PROFESSIONALS

"Count On Us"

Vendor registration includes vendor table in the registration/pre-function area, an opportunity to provide a 1-minute presentation before the morning or afternoon break on the first day, and lunch for one person both days. Please select the seminar(s) at which you wish to exhibit. Payment for the entire slate includes complimentary exhibition of materials at any events you're unable to attend in person.

[Check here to register for the full slate of programs.](#) Electricity needed? ___ Y, ___ N

Annual Conf. (2-day)

Jun 13-15, 2018

Hyatt House Oceanfront, VBA

Reg deadline: **May 30**

Tax Cuts & Jobs Act

Sept 27, 2018

Four Points Sheraton, RVA

Reg deadline: **Sept 13**

Cost:

- \$300/1-day seminar,
- \$500/2-day seminar,
- \$750/3-day seminar, or
- \$2,750/full slate

TaxSpeaker - Business Tax In Depth Seminar (2-day)

Oct 18-19, 2018

DoubleTree, W'burg

Reg deadline: **Oct 4**

Oct 25-26, 2018

Hilton Garden Inn, Ashburn

Reg deadline: **Oct 11**

TaxSpeaker - 1040 In Depth Seminar (2-day) - 3 locations

Nov 15-16, 2018

HGI, Ashburn

Deadline: **Nov 1**

Dec 10-11, 2018

DoubleTree, W'burg

Deadline: **Nov 26**

Jan 10-11, 2019

Renaissance Portsmouth

Deadline: **Dec 27**

Full Name (will appear on name badge): _____

Company Name: _____

Street Address: _____ Suite/Box/Apt No. _____

City, ST, Zip, Country (if outside US): _____

Tel: _____ Fax: _____

Email address: _____

NOTES: All registration confirmations will be sent via email 1 week before event. Please include a valid email address with your registration. All fees associated with 'non-sufficient funds' shall be reimbursed to ASV. **CANCELATION POLICY:** Full refunds will be given only if canceled, **IN WRITING**, 2 weeks prior to the seminar. **NO EXCEPTIONS.**

PAYMENT OPTIONS

Credit Card: Visa MasterCard American Express Discover

Check enclosed (payable to ASV) Total amount authorized: \$ _____

Card Number: _____ VCC: _____ Exp: _____

Name as appears on card: _____

Billing Address (if diff from above): _____

City, ST, Zip: _____

Signature: _____ Date: _____

Your signature gives express authorization to charge the above card the amount indicated.

PLEASE RETURN THIS ENTIRE PAGE. THANK YOU.

NASBA: The Accountants Society of Virginia is registered with the National Associate of State Board of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be addressed to the National Registry of CPE Sponsors, 150 Fourth Avenue North, Suite 700, Nashville, TN 37219-2417. Website: www.nasba.org - **NASBA# 103365.**

We have entered into an agreement with the Return Preparers Office, Internal Revenue Service, to meet the requirements of 31 Code of Federal Regulations, section 10.6(g), covering maintenance of attendance records, retention of program outlines, qualifications of instructors and length of class hours. This agreement does not constitute an endorsement by the Office of Professional Responsibility as to the quality of the program or its contribution to the professional competence of the enrolled individual. **Sponsor Number: TATHT.**