

SYNERGY2018

Register online at tax.tr.com/cs-synergy

FREE financing: Register online by **August 31, 2018** (see website for details).

Mail or fax: Copy this registration form for each individual you wish to register. Then mail or fax each completed registration with payment to: Thomson Reuters, Tax & Accounting, Professional Software & Services, Attn: SYNERGY Registration, 6300 Interfirst Dr., Ann Arbor, MI 48108. Phone **800.968.8900** | Fax **800.326.1040**

Name _____ Preferred first name on badge _____

Firm ID _____ Firm name _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

Is this your first SYNERGY Users' Conference? Yes No How many have you attended? _____

Will you be attending the Welcome Reception? Yes No

\$1,595 Registration Fee Includes

- Welcome reception
- Three keynote addresses
- Your selection of workshops (pre-conference workshops not included)
- Five meals (breakfast: Thurs, Fri, Sat); (lunch: Thurs, Fri)
- Roundtable discussion groups with reception
- Conference materials

Workshop Registration

1. Use the **Workshop Descriptions** to choose your classes.
2. Use the **Workshop Schedule** to view classes by Time (A-H) and Session # (1-29).

My Workshop Schedule

3. Next to **Time (A-H)**, write the **Session #** for each of your classes.
Note: Most Hands-On workshop sessions span more than one time slot (e.g. A1 + B1)
- | Time | Session # |
|------|-----------|
| A | _____ |
| B | _____ |
| C | _____ |
| D | _____ |
| E | _____ |
| F | _____ |
| G | _____ |
| H | _____ |

Conference Registration Fees

First attendee from firm \$1,595 \$ _____

Additional attendee(s) from firm \$1,495 \$ _____

Early Registration

Subtract (Must be postmarked on or before August 31, 2018) -\$100 \$ _____

Pre-Conference Workshops

One half-day session \$190 \$ _____

Two half-day sessions \$330 \$ _____

Workshop Session # PRE-AM _____

Workshop Session # PRE-PM _____

Special Evening Event

Number of adults _____ each \$115 \$ _____

Number of children _____ each \$75 \$ _____

Welcome Reception Fee \$65 \$ _____

Per non-registered guest for the Wednesday Welcome Reception.

Total Amount Due \$ _____

Method of Payment

Check payable to **Professional Software & Services** Direct Debit Credit

Direct Debit

Account # _____ Routing # _____

Account Contact Name _____

Contact Email Address _____

Account Type: Checking Savings Classification: Business Personal

Credit Card

Card # _____ Exp. date _____

Cardholder Address _____

Name on card _____

Cardholder's signature _____

You acknowledge that any payments returned for non-sufficient funds will be assessed a \$25 NSF fee in addition to the late charges listed.

Refunds — A full refund will be issued if registration is canceled on or before September 30, 2018. If registration is canceled between October 1 and October 10, a 50% refund in the form of a credit toward pre-paid training will be issued. If registration is canceled after October 10, no refund will be issued.