THE 52nd ANNUAL SOUTHERN FEDERAL TAX INSTITUTE

October 23 - 27, 2017

Grand Hyatt Atlanta In Buckhead Atlanta, Georgia

REGISTRATION FORM

Name	Name on Badge				
Profession: ☐ Attorney ☐ CPA ☐ Atty/Cl	PA CFP CLU C	hFC 🗖 Othe	r		
Firm					
Mailing Address					
	City/State/Zi				
Phone ()	Eax ()	p 0000			
Fmail	rux(/				
Email How did you learn about SFTI: ☐ Word o	f Mouth ☐ Brochure ☐ I	Mailing 🗖 Er	nail 🛘 Other	(Please List)	
Registration fees include: sessions, distributed mate cocktail hour. Food and beverage is provided for onsi Paperless Options: Every registrant will receive a thu dating back to 1998. In addition, every registrant will reyear's materials via the internet. You will be able to addition, you will be able to access and download the registrants can use their computers for the duration of materials that you desire to have prior to arriving at the	te consumption only. mb-drive containing all of the m eceive an e-mail in advance of t download and print the materia materials at the conference vic the conference. Printers will no	aterials for this y he program with als for any progr a the SFTI webs	ear's program ald a link and passw rams that you de ite. There will be	ong with all prior progra ford that will provide ac sire to have at the cor power strips at each to	m material cess to thi nference. I able so tha
materials that you assist to have prior to arriving at an	Registration Fee	96			
	<u></u>	Early (received by	Standard (received by	Late (received after	
		8/21/17)	10/2/17)	10/2/17)	
♦ TWO-DAY – ESTATE PLANNING TOPICS ♦ THREE-DAY – GENERAL SESSIONS & ETHICS THREE-DAY – ETHICS & ESTATE PLANNING FIVE-DAY – ALL SESSIONS	10/26 - 10/27 (Thurs & Fri) 10/23 - 10/25 (Mon, Tues, Wo 10/25 - 10/27 (Wed, Thurs, F 10/23 - 10/27 (Mon - Fri)		\$745 \$845 \$845 \$1,045	\$825 \$925 \$925 \$1,125	
PAPERLESS DISCOUNTS: \$50 Discount - No Hardcopy Materials ♦ \$25	Discount – Volume 1 Only	(Mon-Wed) ◊	\$25 Discount	– Volume 2 Only (T	hurs-Fri)
• 50% Discount for first time attendees • 50% Discount for IRS/Treasury Employees • 15% Discount for Irms or companies registe (please use printable registration form). ••• 30% Discount for firms or companies registe (please use printable registration form).			•		·
Do you plan to attend the cocktail party M Do you plan to attend the cocktail party TI Are you staying at the Grand Hyatt? If no, where? ☐ Other hotel Is this your first time attending SFTI?	nursday evening? □	Yes □ No Yes □ No Yes □ No Friend/Rela Yes □ No	tive □ Home		
METHOD OF PAYMENT (Checks or VISA Enclosed is a check for \$ Please charge my (check one): ☐ Visa ☐ Account # Name of Cardholder Signature	Check# I MasterCard □ America Exp	(Ma an Express piration Date	ake checks pa	ayable to: SFTI)	

Refund Policy: Registrants who are unable to attend the Institute will receive a full refund (less a \$75 administrative fee) if a written cancellation notice is received on or before October 9, 2017. The Institute will gladly accept substitutions for cancellations received after that date, but refunds will not be issued. Refunds will be made after the Institute. Tax ID#: 58-6047220.

If you are registering additional persons from your firm, please submit a registration form for each registration. This form may be photocopied.

Southern Federal Tax Institute, Inc. • 2107 North Decatur Road • PMB 521 • Decatur, GA 30033 • 770.640.8300 • www.sfti.org

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HOTEL RESERVATIONS FORM

Mail or fax this form directly to: Reservations Department, Grand Hyatt Atlanta in Buckhead, 3300 Peachtree Road NE, Atlanta, Georgia 30305 or call (888) 421-1442; FAX (404) 364-3887. Reservations must be received by September 29, 2017 and prior to the block filling for discounted rate.

Name	Phone ()
	City/State/Zip Code
	Phone ()
Address	City/State/Zip Code
Arrival Date Time	Departure DateTime
CHECK IN TIME 3:00 PM. Access to accommodation	
CHECK OUT TIME 12:00 NOON	
Guaranteed Reservations: Reservations must be	e accompanied by deposit or credit card guarantee.
Please hold my reservation for (check one):	
☐ Guaranteed by 1st night's deposit plus 1	6% tax (\$ enclosed)
☐ Credit Card guarantee Type	
☐ Credit Card guarantee Type Credit Card No.	Exp
Signature of Cardholder	
deducted from my deposit, or billed through my cred	nd that I am liable for one night's room and tax which will be dit card, in the event that I do not arrive or cancel by 3 PM, 48 night room + tax will be charged if you checkout prior to your hanged up to your check-in date without penalty.
Signature	Gold Passport No Gold Passport No some, first serve at check-in. Tax rate on room is 16%, subject to
	come, first serve at check-in. Tax rate on room is 16%, subject to to present a credit card at check-in, cash deposit is requested.
Guest Room Information: No. of Rooms:	_
Single (1 person) @ \$249 Double (2 personned Bed Type: □ King □ 2 Doubles □ Smoking	sons) @ \$249 (including unlimited internet access)
Additional persons: \$25. Children under 18 free when sharing room with pare If room is not available at rate requested, reservation	
Share with	
In accordance with the Americans with Disabilities Anneeds.	Act, please notify Grand Hyatt Atlanta if you have any special
SFTI expects to receive commissions from the Grar	nd Hyatt Atlanta that are derived from room fees paid by SFTI

registrants. SFTI uses these commissions to pay a portion of the expenses it incurs in producing the Institute.