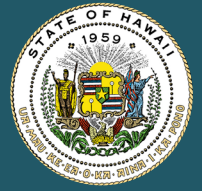




STATE OF HAWAII - DEPARTMENT OF TAXATION TAX WORKSHOP



Please join us for the Department of Taxation's 2018 workshop and earn 3 Hawaii Board of Public Accountancy CPE Credits. Agenda topics include: Administrative Rules Update, Legislative Update, a presentation on Conformity 2018: Hawaii's Response to the Tax Cuts and Jobs Act and Other Federal Law Changes, and a guest presentation on Protecting Your Clients' Data by the IRS Advocate.

EARN 3 HAWAII BOARD OF PUBLIC ACCOUNTANCY CPE CREDITS ALL WORKSHOPS HOURS 8:30AM - 11:30AM

KAUAI	FRIDAY, JULY 6	> KAUAI COMMUNITY COLLEGE - OCET, ROOM 106 C 3-1901 Kaunualii Highway, Lihue, HI 96766

KAUAI COMMUNITY COLLEGE Office of Continuing Education & Training
3-1901 Kaunualii Highway, Lihue, HI 96766

REGISTER BY JUL 1

- 808-245-8318
- 808-245-8271
- kauai.hawaii.edu

HAWAII	THURSDAY, JULY 12	> HAWAII COMMUNITY COLLEGE - PALAMANUI CAMPUS 73-4225 Ane Keohokalole Hwy, Kailua-Kona, HI 96740
	FRIDAY, JULY 13	

HAWAII COMMUNITY COLLEGE Office of Continuing Education & Training
(MAILING ADDRESS): 1175 Manono Street, Hilo, HI 96720

REGISTER BY JUL 6

- 808-934-2700
- 808-934-2701
- ocethawcc.org

O'AHU	TUESDAY, JULY 24	> ALA MOANA HOTEL - HIBISCUS BALLROOM 410 Atkinson Drive, Honolulu, HI 96814
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LEEWARD COMMUNITY COLLEGE Office of Continuing Education & Workforce Development (OCEWD)
96-045 Ala 'Ike Room CE101, Pearl City, HI 96782

REGISTER BY JUL 20

- 808-455-0477
- 808-453-6730
- ocewd.org/taxworkshop

MAUI	THURSDAY, JULY 26	> MAUI BEACH HOTEL 170 Ka'ahumanu Avenue, Kahului, HI 96732
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UH MAUI COLLEGE Office of Continuing Education & Training
310 Ka'ahumanu Avenue, Kahului, HI 96732

REGISTER BY JUL 24

- 808-984-3231
- 808-984-3874
- maui.hawaii.edu/edventure

REGISTRATION & FEES

Complete one registration form for each individual. Registration fee is \$90. Fees cover administration costs, handouts, continental breakfast, and 3 Hawaii'i CPE credits. **Late registration will be \$110.** Check-in starts at 8:00 a.m. on the day of the workshops.

REGISTRATION BY MAIL

Please mail registration forms to the respective Continuing Education & Training Office. **Checks:** make payable to the respective Continuing Education & Training Office. **Purchase Order:** please include P.O.# on the registration form. **Credit cards:** processed upon receipt. **REGISTRATION WITHOUT PAYMENT WILL NOT BE PROCESSED.**

SUBSTITUTIONS & REFUNDS

You may transfer your paid registration to another individual. Cancellation must be received by the appropriate Continuing Education & Training

Office at least one week prior to the workshop date. Please allow up to 5 weeks to process the refund.

SPECIAL ACCOMMODATIONS

If you require special accommodations, please contact the appropriate Continuing Education & Training Office at least one week prior to the workshop date.

MATERIALS ONLY

If you would like to order materials only, submit the registration form and payment of \$25 per set to the appropriate Continuing Education & Training Office.

Brought to you through a partnership between the State of Hawaii Department of Taxation, Leeward Community College, Maui College, Kauai Community College, and Hawaii Community College.



TAX WORKSHOP



MAIL-IN REGISTRATION FORM

DO NOT SUBMIT THIS FORM TO THE DEPARTMENT OF TAXATION

Please mail registration forms to the respective Continuing Education & Training Office

WORKSHOP

KAUA'I	Friday, July 6 (Course No. BUS8000-070618)	<input type="checkbox"/>
HAWAI'I	Thursday, July 12 - KONA (Course No. BUS8000-030)	<input type="checkbox"/>
	Friday, July 13 - HILO (Course No. BUS8000-031)	<input type="checkbox"/>
O'AHU	Tuesday, July 24 (Course No. BUS8000-0AHU)	<input type="checkbox"/>
MAUI	Thursday, July 26 (Course No. BUS8000-7-26-18)	<input type="checkbox"/>

REGISTRANT INFORMATION

NAME (LAST, FIRST, MI) _____ COMPANY/ORGANIZATION _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

PHONE _____ EMAIL ADDRESS _____

PAYMENT INFORMATION

PAYMENT AMOUNT

Registration Fee \$ _____

Extra Materials (\$25/set) \$ _____

TOTAL \$ _____

CHECK OR P.O.

Check \$ _____
(attach to registration)

Purchase Order \$ _____
(attach to registration)

P.O.# _____

CREDIT CARD

Card type (choose one): VISA MASTERCARD

Exp. Date (MM/YYYY) ____ / ____

Card No. _____ 3-digit CVV _____

Name on card _____

Cardholder signature _____

Cardholder address _____
