

CABI EDUCATIONAL COURSE REGISTRATION FORM

Name: _____ Date: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

COURSES: **Course 1: IBBA 117 Understanding Tax Returns (4 IBBA Credits)**
 Course 2: IBBA 237 Determining Net Transaction Proceeds (4 IBBA Credits)
 (Sorry, no CREC credits)

INSTRUCTOR: **Courses 1 & 2: Monty Walker, Walker Business Advisory Services**

DATES/TIMES: **Wednesday, October 12, 2016**
 Course 1: 7:45 a.m. to 11:45 a.m.
 Lunch: 11:45 a.m. to 12:30 p.m.
 Course 2: 12:30 p.m. to 4:30 p.m.

WHERE: **Denver Centerpoint I**
 Colorado & I-25

COST / COURSE: **\$175/Class for IBBA Members** **IBBA 117** **IBBA 237**
 \$199/Class for CABI Members **IBBA 117** **IBBA 237**
 \$275/Class for Non Members **IBBA 117** **IBBA 237**

ARE YOU AN IBBA MEMBER? **YES** **NO** **IT PAYS TO BE AN IBBA MEMBER!!!**

REGISTRATION DEADLINES: Friday, October 7, 2016

Total Enclosed: \$ _____ **VISA/MC** **Check** (choose one)

VISA/MC #: _____ CVC: _____ Expiration Date: _____

Signature: _____

For Office Use Only:	Captured no. _____	Reference no. _____
Date Paid: _____	Amount: \$ _____	Form of Payment: _____

VISA/MC: Please email, mail or fax registration to: OR CHECKS: Please mail check and registration to:	CABI 2016 Fall Education Event c/o Merle Northrop CBI 1600 38th St., Ste. 203 Boulder, CO 80301 Office: 303-440-6141 Fax: 866-310-1376 Email: merle@businesssolutionsadvisory.com
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