

STATE OF HAWAII - DEPARTMENT OF TAXATION

2019 TAX WORKSHOP

Join us for the Department of Taxation's 2019 workshop and earn 3 Hawaii Board of Public Accountancy CPE Credits. Agenda topics include: Administrative Rules Update, Legislative Update, 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

HAWAII

THURSDAY, AUGUST 8

Register by August 2

Hawaii Community College
Palamanui Campus
73-4225 Ane Keohokalole Hwy
Kailua-Kona, HI 96740

FRIDAY, AUGUST 9

Register by August 2

Hawaii Community College
Hilo Campus
1175 Manono Street
Hilo, HI 96720

CONTACT

Office of Continuing
Education & Training
1175 Manono Street
Hilo, HI 96720

Ph. 808-934-2700

Fax 808-934-2701

edvance.hawaii.hawaii.edu

MAUI

FRIDAY, AUGUST 2

Register by July 26

Maui Beach Hotel
170 Ka'ahumanu Avenue
Kahului, HI 96732

CONTACT

Office of Extended Learning
& Workforce Development
310 Ka'ahumanu Avenue
Kahului, HI 96732

Ph. 808-984-3231

Fax 808-984-3874

elwd.maui.hawaii.edu

KAUAI

THURSDAY, AUGUST 15

Register by August 9

Kauai Community College
OCET, Room 106 C
3-1901 Kaumuali'i Highway,
Lihue, HI 96766

CONTACT

Office of Continuing
Education & Training
3-1901 Kaumuali'i Highway
Lihue, HI 96766

Ph. 808-245-8318

Fax 808-245-8271

kauai.hawaii.edu

O'AHU

THURSDAY, AUGUST 22

Register by August 16

Ala Moana Hotel
Hibiscus Ballroom
410 Atkinson Drive
Honolulu, HI 96814

CONTACT

Office of Continuing Education &
Workforce Development
96-045 Ala 'Ike, Room CE 101
Pearl City, HI 96782

Ph. 808-455-0477

Fax 808-453-6730

ocewd.org

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

REGISTRATION & FEES

Complete one registration form for each individual. Registration fee is \$90. Fees cover administration costs, handouts, continental breakfast, and 3 Hawaii 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 Community College. Purchase Order: please include P.O.# on the registration form. Credit cards: processed upon receipt.

REGISTRATION WITHOUT PAYMENT WILL NOT BE PROCESSED.

SUBSTITUTIONS & REFUNDS

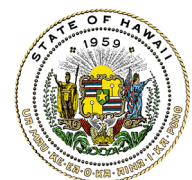
You may transfer your paid registration to another individual. Cancellation must be received by the appropriate Continuing Education & Training Office at least one week prior to the workshop date. Please allow up to 5 weeks to process the refund.

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.



2019 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 (CHECK BOX)

- | | | |
|---------------|---|--------------------------|
| MAUI | Friday, August 2 (Course No. BUS8000-035) | <input type="checkbox"/> |
| HAWAII | Thursday, August 8 (Kona) (Course No. BUS8000-036) | <input type="checkbox"/> |
| | Friday, August 9 (Hilo) (Course No. BUS8000-037) | <input type="checkbox"/> |
| KAUAI | Thursday, August 15 (Course No. BUS8000-038) | <input type="checkbox"/> |
| O'AHU | Thursday, August 22 (Course No. BUS8000-034) | <input type="checkbox"/> |

REGISTRANT INFORMATION

Name (Last, First, MI) _____ Company/Organization _____

Mailing Address _____ City _____ Zip Code _____

Phone Number _____ Email Address _____

PAYMENT INFORMATION

PAYMENT AMOUNT **Registration Fee** \$ _____ **Extra Materials (\$25/set)** \$ _____ **TOTAL** \$ _____

Check (attach to registration) \$ _____ **Purchase Order** (attach to registration) \$ _____ **P.O.#** _____

Credit Card Type (choose one): Visa MasterCard **Card No.** _____ **3-Digit CVV** _____

Name on Card _____ **Cardholder Signature** _____

Cardholder Address _____

