



**Central/South Central Joint Education Committee  
Monday, September 19, 2016**

**Radisson Harrisburg  
1150 Camp Hill By Pass  
Camp Hill, PA 17011  
Hotel Phone: 1-800-589-9514**

**Registration: 7:30 am  
Start/End Time: 8:00 am– 4:30 pm  
Course Level: Basic  
CPE: 8 Credits Federal Tax  
\*Also qualifies for 7 Hours CLE credits  
for Attorneys**

PSTAP is an approved continuing professional education sponsor.  
PA #PX-000501L, NJ #20CE0015920, NY #002280, IRS CE #E3S5R

**Speaker: Rick Oelerich, LPA, EA**

**Gear Up Business Entities Seminar Description:**  
The 2016 Business Entities seminar will focus on providing practical advice for tax practitioners serving small business clients. We will examine the impact of the Budget Control Act of 2011, discuss the sweeping proposed and temporary regulations affecting all taxpayers that acquire, produce or improve property, update practitioners on informational reporting and Form 1099-K, examine 2016 and future impacts of the Health Care reform legislation, and look ahead to anticipated post-election tax reform. The course will highlight new court rulings, regulations, and other updates relevant to small business tax advisors.

**PSTAP Members: \$215.00**

**Non Members: \$280.00**

- Registration fee includes seminar workbook, continental breakfast, lunch & refreshment breaks
- **REGISTER Online: www.pstapcpe.com** Mail: PSTAP, Attn: Seminar Registrations, 20 Erford Road, Suite 200A, Lemoyne, PA 17043
- Seminar Confirmations—Sent upon registration, via email only—please provide your email address below
- Questions??? Contact PSTAP Executive Office at 1-800-270-3352 or by email at info@pstap.org
- Refund Policy: Cancellations received by **September 12, 2016** will be refunded less a \$35 service fee, 50% refunded thereafter.
- No Show—No Refund—No Exceptions. Overnight Accommodations: Call the Radisson Harrisburg, Camp Hill, 1-800-589-9514.

Registration Form: (one form per registration—photocopy for additional registrants)

**REGISTRATION DEADLINE: 9/12/2016**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ PSTAP ID #: \_\_\_\_\_

Firm: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ License Number—CPA/PA—Required \_\_\_\_\_

Please Circle Rate

Check Enclosed—Payable to Joint Education Committee—Mailed to the above address \*\*

**PSTAP Member \$215**  VISA Acct # \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

**Non Member \$280**  MASTERCARD Acct # \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Please include additional \$10.50 for CLE credits

\*\* Please do not combine meeting & seminar fees on same check.