

I would like to register for the following seminars:

Date	Location	Topic	AM	PM
June 1	Zoom LVC	Estate Planning Post-SECURE Act .....	<input type="checkbox"/>	
June 5	Zoom LVC	Best Practice to Facilitate a Smooth Peer Review (2 hr.)** .....	<input type="checkbox"/>	
June 6	Zoom LVC	Choice & Change of Entity .....	<input type="checkbox"/>	
June 8	Zoom LVC	Preparation of Form 706 & M706 line by line .....	<input type="checkbox"/>	
June 13	Zoom LVC	Gift Tax Return Preparation Form 709 line by line .....		<input type="checkbox"/>
June 14	Zoom LVC	The Secure Act 2.0; A Small Business Game Changer .....	<input type="checkbox"/>	
June 15	Zoom LVC	Professional Ethics — Including Circular 230 .....	<input type="checkbox"/>	
June 20	Zoom LVC	Tax Planning for Real Estate in 2023 .....	<input type="checkbox"/>	
June 22	Zoom LVC	Accounting, Auditing & Peer Review Update .....	<input type="checkbox"/>	

Registration Fees: **MAA Member:** \$85.00 (2 CPE)\*\*      \$170.00 (4 CPE)  
**Non-Member:** \$98.00 (2 CPE)\*\*      \$195.00 (4 CPE)

Total registration \$ \_\_\_\_\_ check made payable to MAA is enclosed  Please charge my credit card

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CARD MAILING ADDRESS \_\_\_\_\_

ADDITIONAL PERSON(S) ATTENDING \_\_\_\_\_

Please send a confirmation by e-mail. My address is \_\_\_\_\_

 MAA, 607 North Avenue D16-4, Wakefield, MA 01880 ;  781.246.7788 ;  781.246.7873 or

 info@maacct.org

     \_\_\_\_\_

Exp. Date Required \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_

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



**CANCELLATION POLICY:** Cancellations must be received three business days prior to the seminar for a full refund. Otherwise, there will be a charge of \$50.00 representing a cancellation fee. No refunds for no-show registrant or if electronic course materials have been acquired. Substitutions welcomed, notify MAA.