

IPD INSTITUTE FOR PROFESSIONAL DEVELOPMENT

**THE BASIC FOURS OF TAX COLLECTION  
EARN 5 CONTINUING EDUCATION CREDITS!**

**OCTOBER 26 2018 – JUMPING BROOK COUNTY CLUB, NEPTUNE, NJ**

\*Approved by DCA - CTCs –5 CEU's - 2 Enforcement, 2 Report/Coll/Bill, 1 Legislation

\*Approved by DCA –CMFO & CCFOs - 5 CEUs – 4 Accounting, 1 Financial Debt Management

\*Approved CPA, RMA , PA – 5 CEU's – Accounting & Auditing

**8:30am – 9:00 am Registration, Hot Breakfast Buffet**

**9:00am – 1:10pm \* Billing**

**\*Collection**

**\*Enforcement**

**\*Reporting**

**\* Review of Local Finance Notice 2018-3  
(January 18, 2018) DLGS Certification Unit Update**

**Speaker: Sharon Sulecki, CTC, Former Tax Collector Lacey Township**

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Directions on our web site – <http://ipd2.com>

TO ASSURE PROPER POSTING, PLEASE ATTACH A COPY OF THIS APPLICATION WITH YOUR PAYMENT

Mail Checks to: Institute For Professional Development

P.O. Box 1468, Clifton, New Jersey 07015-1468 Telephone (973)-777-4200

**PAYMENT OR PURCHASE ORDER DUE BY DAY OF SEMINAR**

No One Will Be Permitted Without Purchase Order or Payment By Day of Seminar P.O. # \_\_\_\_\_

\_\_\_ I wish to register for the 10/26/18 The Basic Fours of Tax Collection \$125.00 per person \$150.00at door

**FAX YOUR REGISTRATION FORM TO (973)-777-0401**

Cancellation Policy – 48 Hours in advance of seminar, in writing

**\*\* During inclement Weather, Call the Day Before the Seminar\*\***

**SEMINAR INCLUDES HOT BREAKFAST BUFFET \$ 125.00 per person Registration At Door \$ 150.00**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

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**Organization or Government Unit**

**Telephone Number**

**Fax Number**

**CLAIMANTS CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalty of the law That the within bill is correct in all particulars, the articles Have been furnished or services rendered as stated herein, that no bonus has been given or received by any person or persons within knowledge of this claimant in connection with the above Claim and that the amount charged is a reasonable one.

*Michael F. Conti*

Michael F. Conti, Program Coordinator

P.O. Box 1468, Clifton, NJ 07015-1468 (973)-777-4200 - FAX (973) 777-0401

Just mail your check with this application form you do not need to send your Voucher for a separate signature since the presigned certification on the left can be attached to your Voucher in lieu of sending it to us for a signature. This form has been determined by DLGS to meet the requirement of the statutes for this type of expenditure.