

Registration Form

**FTA Revenue Estimating & Tax Research Conference
September 16 - 19, 2007
Holiday Inn Brownstone • Raleigh, North Carolina**

Name _____
Title _____
Agency/Company _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
E-mail: _____

REGISTRATION FEE: (Includes Sunday reception, Monday Lunch and Tuesday Banquet)

_____ **\$300** - Government _____ **\$395** - Industry _____ **\$110** - Guest

IMPORTANT: To plan accurately, we need to know if you will be attending:

___ Sun. Reception ___ Mon. Lunch ___ Tues. Banquet

METHOD OF PAYMENT:

Select One: ___ Payment at meeting ___ Payment enclosed ___ Please Invoice
___ Check ___ VISA ___ MasterCard ___ American Express

Name as it appears on card _____

Account Number _____ Expiration Date _____

Signature _____

CONFERENCE REGISTRATION DEADLINE IS AUGUST 31, 2007
An additional \$40 fee is assessed for all on-site registrants who have not
notified FTA in advance of their intent to attend.

Please make checks payable to: FTA/Tax Research Conference.
Note on the check that payment is for: *FTA REVENUE ESTIMATING CONF*
Our Federal ID # is: 36-2327263

Fax this form to (919) 733-1821 or mail to:
Janice McDougald
NC Department of Revenue, WS 6914
P.O. Box 871
Raleigh, NC 27602-0871