

2004 SECTION OF TAXATION MAY MEETING REGISTRATION AND TICKET FORM

EARLY BIRD DEADLINE: APRIL 1, 2004*

*A **completed** registration form along with **full payment** must be **postmarked or faxed** by **April 1, 2004**, to qualify for the early bird registration fee. Registrations received after this deadline will be automatically processed at the higher registration fee.

FINAL REGISTRATION DEADLINE: APRIL 28, 2004**

A **completed registration form along with **full payment** must be **received** by **April 28, 2004**, to be **pre-registered**. Registrations received after April 28, 2004 will be returned, and you will be required to register on-site.

CANCELLATIONS: \$50 processing fee. NO REFUNDS after April 14, 2004.

I N F O R M A T I O N

(Please type or print clearly.)

Attendee Name: _____

ABA ID No.: _____

Please check here if you need CLE Credit in one of the following states:

NY PA TX DE

Companion Name: _____

Firm or Agency: _____

Business Address: _____

City/State/Zip: _____

Daytime Telephone: _____

Fax: _____

E-mail*: _____

*Confirmation will be sent by email.

Home Address: _____

City/State/Zip: _____

Please check here, if under the Americans with Disabilities Act, you require specific aids or services during your visit to the Tax Section Meeting.

Audio Visual Mobile

Do not send me promotional information from sponsors and other vendors.

R E G I S T R A T I O N F E E

If Postmarked or Faxed

<i>by</i>	<i>after</i>
04/01/04	04/01/04

Check one:

Regular Member/Associate \$440 \$490

Foreign Lawyer \$440 \$490

Young Lawyer \$340 \$390

(admitted to the Bar less than 3 years)

Full-Time Law Professor \$130 \$140

Government Official \$130 \$140

Full-Time LITC Employees \$130 \$140

Non-Section Member* \$490 \$540

*ABA members registering will become

Tax Section members for 2003-2004.

Full-Time J.D./LL.M./MT Candidate waived waived

First Time Tax Section Attendee** waived waived

**First Time Tax Section Attendees must attest to the

following requirements to qualify for the waived fee.

Yes, I am an ABA Tax Section Member.

Yes, this is the first Tax Section meeting I have attended.

Check one: Registrants will receive one version of the meeting materials.

Traditional book version only (included in registration fee)

CD-ROM only (Windows version) (included in registration fee)

Traditional book version with CD-ROM (additional \$60 charge)

U N A B L E T O A T T E N D T H E M E E T I N G ?

Mail the following materials after the Meeting:

Meeting Materials CD-ROM \$60.00 + \$12.95 S/H

Meeting Materials traditional book version \$65.00 + \$12.95 S/H

NOTE: Meeting Materials contain only the materials for the Saturday Plenary Session and Section programs.

TOTAL: \$ _____

T I C K E T E D E V E N T S

FRIDAY, May 7th

TOUR/ACTIVITY

1 Mt. Vernon Tour and Luncheon _____ at \$80 each = \$ _____

SECTION BREAKFAST

2 Breakfast with Commissioner Everson Yes, I will attend.
(Complimentary — 1 per registrant) No, I will not attend.

COMMITTEE LUNCHEONS

3 Administrative Practice and Court Procedure & Practice _____ at \$48 each = \$ _____

4 Business Cooperatives & Agriculture _____ at \$48 each = \$ _____

5 Banking & Savings, Financial Transactions, Insurance Companies, Investment Companies and Tax Exempt Financing _____ at \$48 each = \$ _____

6 Civil & Criminal Tax Penalties _____ at \$48 each = \$ _____

7 Corporate Tax and Affiliated & Related Corporations _____ at \$48 each = \$ _____

8 Estate & Gift Taxes and Fiduciary Income Tax _____ at \$48 each = \$ _____

9 Exempt Organizations _____ at \$48 each = \$ _____

10 FAUST, FLF, Transfer Pricing and USAFTT _____ at \$48 each = \$ _____

11 Partnerships & LLCs and Real Estate _____ at \$48 each = \$ _____

12 S Corporations - CANCELLED CANCELLED

13 State & Local Taxes _____ at \$48 each = \$ _____

RECEPTION

14 Section Reception _____ at \$72 each = \$ _____

SATURDAY, May 8th

COMMITTEE BREAKFAST

15 Partnerships & LLCs, Real Estate and S Corporations _____ at \$36 each = \$ _____

LUNCHEON

16 Section Luncheon _____ at \$48 each = \$ _____

P A Y M E N T I N F O R M A T I O N

TOTALS:

Registration Fee \$ _____

Additional CD-ROM \$ _____

Ticketed Events Total \$ _____

TOTAL PAYMENT: \$ _____

Make checks payable to **ABA SECTION OF TAXATION** or fill in the credit card information below. **MUST PRINT CLEARLY AND LEGIBLY.**

Signature is required for credit card payment.

Check One: Master Card VISA AmEx

CARD NO.: _____

EXP. DATE: _____

SIGNATURE: _____

Return to:

Meeting Registrar (WS)

ABA Section of Taxation

740 15th Street, NW, 10th Floor

Washington, DC 20005-1022

Or fax to (202) 662-8682

For Tax Section Use Only (POS 12-31:P1)

Check # _____

Amount Rec'd \$ _____

Initials _____