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.

INFORMATION

(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.

REGISTRATION FEE

If Postmarked or Faxed	*by 04/01/04*	*after 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)*

UNABLE TO ATTEND THE MEETING?

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: $ _____

TICKETED EVENTS

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 = $_____

PAYMENT INFORMATION

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 _____