

# 2003 Section of Taxation May Meeting Registration and Ticket Purchase Form

*Advance registration with full payment must be postmarked or faxed by April 3, 2003.  
CANCELLATIONS: \$50, NO REFUNDS after April 3, 2003.*

## 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: \_\_\_\_\_

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

| If Postmarked or Faxed | by<br>4/3/03 | after<br>4/3/03 |
|------------------------|--------------|-----------------|
|------------------------|--------------|-----------------|

**Check one:**

- |   |                                |                                |
|---|--------------------------------|--------------------------------|
| Regular Member/Associate                                | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$400 |
| Foreign Lawyer  | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$400 |
| Young Lawyer<br>(admitted to the Bar less than 3 years) | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$295 |
| Full-Time Law Professor                                 | <input type="checkbox"/> \$95  | <input type="checkbox"/> \$105 |
| Government Official                                     | <input type="checkbox"/> \$95  | <input type="checkbox"/> \$105 |
| Full-Time LITC Employees                                | <input type="checkbox"/> \$95  | <input type="checkbox"/> \$105 |
| Non-Section Member*                                     | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$450 |

\*ABA members registering will become Tax Section members for 2002-2003.

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 two 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:**

- |   |                      |
|---|----------------------|
| <input type="checkbox"/> Meeting Materials CD-ROM                   | \$60.00 + \$5.95 S/H |
| <input type="checkbox"/> Meeting Materials traditional book version | \$65.00 + \$5.95 S/H |
| <input type="checkbox"/> Selected Committee Handouts                | \$75.00 + \$5.95 S/H |

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

**TOTAL:** \$ \_\_\_\_\_

## TICKETED EVENTS

FRIDAY, MAY 9

TOUR/ACTIVITY – L'Academie de Cuisine

*If the class I choose below is full:*

- Assign me to the other class; or
- Refund the \$80.

- |                       |                               |
|-----------------------|-------------------------------|
| 1 Participation Class | _____ at \$80 each = \$ _____ |
| 2 Demonstration Class | _____ at \$80 each = \$ _____ |

COMMITTEE LUNCHEONS

- |   |                               |
|---|-------------------------------|
| 3 Administrative Practice and Court Procedure & Practice  | _____ at \$48 each = \$ _____ |
| 4 Agriculture   | _____ at \$48 each = \$ _____ |
| 5 Banking & Savings, Financial Transactions, Insurance Companies, Regulated 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 and Real Estate   | _____ at \$48 each = \$ _____ |
| 12 S Corporations   | _____ at \$48 each = \$ _____ |
| 13 State & Local Taxes  | _____ at \$48 each = \$ _____ |

RECEPTION

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

SATURDAY, MAY 10

COMMITTEE BREAKFAST

- |   |                               |
|---|-------------------------------|
| 15 Partnerships, Real Estate and S Corporations | _____ at \$32 each = \$ _____ |
|---|-------------------------------|

LUNCHEON

- |                     |                               |
|---------------------|-------------------------------|
| 16 Section Luncheon | _____ at \$45 each = \$ _____ |
|---------------------|-------------------------------|

## PAYMENT INFORMATION

**TOTALS:**

|                       |                 |
|-----------------------|-----------------|
| Registration Fee      | \$ _____        |
| Additional CD-ROM     | \$ _____        |
| Ticket Total          | \$ _____        |
| <b>TOTAL PAYMENT:</b> | <b>\$ _____</b> |

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

**Check One:**  Master Card  VISA  AmEx

CARD NO.: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Return to:**

**Meeting Registrar**  
**ABA Section of Taxation**  
 740 15th Street, NW, 10th Floor  
 Washington, DC 20005-1022  
 Or Fax to (202) 662-8682  
 (WS)

**For Tax Section Use Only**  
 (WS 2-4:MT1)

Check # \_\_\_\_\_

Amount Rec'd \$ \_\_\_\_\_

Initials \_\_\_\_\_

