

FTA COMPUTER SECURITY WORKSHOP

March 7-8, 2007
New Orleans, Louisiana

FIRST NAME: _____ LAST NAME: _____

AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

Registration Fee:

___ \$195 Computer Security Workshop, date (includes opening reception and continental breakfast Wednesday, and lunch Thursday)

Method of Payment: Check one

___ Payment will be made at meeting, or voucher/purchase order is being submitted,
or bill me after the event

___ Payment is enclosed

___ Check ___ VISA ___ MasterCard ___ American Express

Name as it appears on card _____

Account Number _____ Expiration Date _____

Signature _____ (needed only if paying by credit card)

REGISTRATION REQUESTED BY FEBRUARY 20

NOTE: An additional \$35 fee is assessed for all on-site registrants who have not notified FTA in advance that they plan to attend. Registrants who fail to cancel by Feb. 28 will incur a \$35 fee, except for emergencies.

Please send checks and this form to:

Federation of Tax Administrators
444 North Capitol Street, NW, Suite #348, Washington, DC 20001
Phone: (202) 624-5892 FAX: (202) 624-7888

Make checks payable to: **Federation of Tax Administrators**
Indicate payment is for Computer Security Workshop
Federal ID#: 36-2327263