

# FEDERATION OF TAX ADMINISTRATORS



Motor Fuel Tax Section Annual Conference • Omaha, NE • September 25-28, 2005

## NEBRASKA

*possibilities...endless™*

### CONFERENCE REGISTRATION FORM

Or register on-line at [www.taxadmin.org](http://www.taxadmin.org)

Registrant Information (Please complete a separate form for each registrant)		
First Name	Last Name	Preferred First Name (for name tag)
Title	Organization	E-mail Address
Mailing Address		City, State, Zip
Business Phone Number	Business Fax Number	Hotel reservations must be made by September 1, 2005, with Hilton Omaha. Make your reservations directly with the hotel by calling 1-402-998-3400 or 1-800-HILTONS. Please mention you are with the Federation of Tax Administrators.
GUEST First Name	GUEST Last Name	

Registration Fees			
FTA Motor Fuel Tax Section Tax Id. No. 93-0805250	Fee if registered <u>before</u> September 2, 2005	Fee if registered <u>after</u> September 2, 2005	TOTAL
Government or Industry Representative*	\$ 365.00	\$ 415.00	\$
Guest			
Opening Reception	\$ 40.00	\$ 40.00	\$
Luncheon with Speaker	\$ 20.00	\$ 20.00	\$
Banquet	\$ 60.00	\$ 60.00	\$
* Includes opening reception, luncheon with speaker, and banquet		<b>TOTAL</b>	\$

Payment Information	
<input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Purchase Order/Voucher Number _____ <input type="checkbox"/> Credit Card Number _____ (MasterCard/Visa) Expiration Date: _____ Name on Card _____ Signature _____ Cancellation refund subject to a \$ 50 fee. No cancellation refunds after 9/22/05.	Please mail this form along with your registration fee(s) to: Nebraska Motor Fuels Division P.O. Box 98904 Lincoln, NE 68509-8904 Make checks payable to: FTA 2005 Motor Fuel Conference Fax Number: (402)471-5607

Please indicate your attendance at the following events which are included in the registration fee:		
Opening Reception – Sunday, September 25, 2005 – 6:00 P.M.	Attendee _____	Guest _____
Luncheon – Monday, September 26, 2005 – 12:00 P.M.	Attendee _____	Guest _____
Banquet – Tuesday, September 27, 2005 – 6:00 P.M.	Attendee _____	Guest _____

**If you have questions or special needs, please contact one of the following individuals:**  
 Chris McGovern: Phone: (402)471-5696; E-Mail: [Chris.McGovern@rev.ne.gov](mailto:Chris.McGovern@rev.ne.gov)  
 Katie Beiriger: Phone: (402)471-5898; E-Mail: [Katie.Beiriger@rev.ne.gov](mailto:Katie.Beiriger@rev.ne.gov)