

**FTA/MTC Statistical Sampling Workshop
October 15 - 18, 2006
Denver, Colorado**

Name _____
Title _____
Agency/Company _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
E-mail _____

To help us plan, please note if you expect to attend:

___ Monday lunch ___ Monday reception

REGISTRATION: ___ **\$300** for both government and industry representatives. (Includes Monday lunch, Monday reception and continental breakfast each morning)

- ___ Payment will be made at workshop registration
- ___ Payment will be made by voucher/purchase order
- ___ Please invoice
- ___ Check is enclosed
- ___ Please charge:
 ___ VISA ___ MasterCard ___ American Express

Name as it appears on card _____

Account Number _____

Expiration Date _____ Signature _____

WORKSHOP REGISTRATION DEADLINE IS SEPT. 29
An additional \$50 fee is assessed for all on-site registrants who have not
notified FTA in advance of their intent to attend.
Cancellations after Oct. 1 will incur a \$50 fee (except for emergencies).

Please make checks payable to: Federation of Tax Administrators
Note on the check that payment is for: *STATISTICAL SAMPLING WORKSHOP*
Our Federal ID # is: 36-2327263
Fax to 202- 624-7888 or mail this form to:
Federation of Tax Administrators
444 N. Capitol Street NW, Suite 348
Washington, DC 20001