



Conference Registration Form

(Not to be used if online registration has been made)

Delegate Name		First	MI	Last	Name Preferred for Name Tag	
Mr. ___ Mrs. ___ Ms. ___						
Position/Title		Agency/Employer			Division/Section	
Business Address		City		State	Zip Code	
Telephone Number		Fax Number		E-Mail Address		
Do you have any specific dietary or special needs? Yes ___ No ___						
List special instructions here:						

Guest 1 Name (First & last as it will appear on the name tag)	Guest 2 Name (First & last as it will appear on the name tag)	Guest 3 Name (First & last as it will appear on the name tag)
Does your guest(s) have any specific dietary or special needs? Yes ___ No ___		
List special instructions here:		

*** A Separate Youth Program Release Form and Medication Form (if applicable) Must be Attached for Each Youth Listed**

*Youth 1 Name (5 to 17 years of age)	Age	*Youth 2 Name (5 to 17 years of age)	Age	*Youth 3 Name (5 to 17 years of age)	Age
*Youth 4 Name (5 to 17 years of age)	Age	*Youth 5 Name (5 to 17 years of age)	Age	*Youth 6 Name (5 to 17 years of age)	Age
Does your youth have any specific dietary or special needs? Yes ___ No ___					
List special instructions here:					

Please X each box for all activities that you, your guest(s), and youth(s) plan to attend .

	Delegate	Guest 1	Guest 2	Guest 3	Youth 1	Youth 2	Youth 3	Youth 4	Youth 5	Youth 6
Sunday, July 11										
Opening Reception										
Golf										
Youth Activity - Travelers Baseball Game										
Monday, July 12										
Delegate Lunch										
Guest Option 1 - Marlsgate Plantation (Little Rock Tour)										
Guest Option 2 - Garvan Gardens (Hot Springs Tour)										
Youth Activity - Rice Depot/Playtime Pizza										
Tuesday, July 13										
Closing Banquet										
Youth Activity -Aerospace Education Center/IMAX										

	Fee if Paid On/Before June 15	Fee if Paid After June 15	Golf Fee - \$100	Total Fees
Government Delegate	\$300	\$325	\$	\$
Industry Delegate	\$375	\$400	\$	\$
Guest (No.) x	\$100	\$110	\$	\$
Youth (No.) x	\$100	\$110		\$
Total Amount Due				\$

Make checks payable to SEATA and return the appropriate activity form(s) with your registration by June 15 to the address below. **A late fee will apply for any fees paid after June 15.** Refunds will be issued through June 15 and must be submitted to Darrell Smith. (Refunds will not be issued for no-shows.)

Darrell W. Smith, Executive Director
 Southeastern Association of Tax Administrators
 3672 Overlook Drive
 Tallahassee, FL 32311-7863
 Phone: (850)577-0007 FAX: (850)577-0010

Ck Payment rcvd: \$ _____ Ck # _____ Rcvd by: _____ Date _____

For credit card/echeck payments (only if paying for a paper registration or paying balance from an on-line registration)

Please complete Credit Card or Echeck Payment Authorization Form if you wish to make a credit card or electronic check payment for any portion of your registration fees. Note: If you completed an online registration and paid your entire registration fees by credit card or echeck at that time, then this form should not be used.

Amount you will be paying by credit card: \$ _____

Amount you will be paying by echeck: \$ _____

The Credit Card or Echeck Payment Authorization Form should be sent to Darrell Smith (see address in adjacent box)

For conference information, please visit is at www.seata2010.net