



2007 FTA TECHNOLOGY CONFERENCE & EXHIBITION
August 5-8, 2007 • Kansas City, Missouri

EXHIBITOR and SPONSOR REGISTRATION FORM

EXHIBITORS (who are not also sponsors): As part of your 2007 FTA Technology booth rental you are entitled to 1 FREE Full Conference Registration. In the spaces provided below please indicate who from your company should receive this free registration.

Please also provide the names of personnel that will receive the 3 comp “Exhibit Hall Only” badges. If you have more than 3 Exhibit Hall personnel, additional badges may be purchased for \$50 each.

If you do not know who your free attendee(s) will be, register your most likely candidate now. Names can easily be changed out at the registration during the event if you wish. If we do not receive any pre-registrations from your company, FTA will assign the free registration to the first one(s) from your company to sign in at registration.

GOLD AND SILVER SPONSORS: As part of your 2007 FTA Technology sponsorship you are entitled to 1 FREE Full Conference Registration for silver sponsors and 2 FREE Full Conference Registrations for gold sponsors.

If you do not know who your free attendee(s) will be, register your most likely candidate now. Names can easily be changed out at the registration during the event if you wish. If we do not receive any pre-registrations from your company, FTA will assign the free registration to the first one(s) from your company to sign in at registration.

Use an additional Registration Form (below, and also available on the conference website at <http://www.taxadmin.org>) if you would like to purchase additional Full Conference Registrations.

REGISTRATION DEADLINE IS July 11, 2007

Please fax back completed forms to 703-425-0446

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Free Full Conference Registrant:
[Check one]

Exhibitor _____ **Gold Sponsor** _____ **Silver Sponsor** _____

NAME: _____

TITLE: _____

AGENCY/COMPANY: _____

ADDRESS FOR BILLING/INQUIRIES: _____

CITY: _____ **STATE/Country:** _____ **ZIP:** _____

ADDRESS YOU WANT USED IN MATERIALS SHARED WITH ATTENDEES (if different):

ADDRESS _____

CITY: _____ **STATE:** _____ **ZIP:** _____

E-MAIL: _____ **PHONE:** _____ **FAX:** _____

IMPORTANT: To plan accurately, we need to know if you will be attending:

____ Sun. Reception ____ Tue. Lunch

THE THREE BOOTH WORKERS WILL BE (if applicable):

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PAID REGISTRATION FORM

(Use separate form for each additional paid Conference registrant)

NAME: _____

TITLE: _____

AGENCY/COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/country: _____ ZIP: _____

ADDRESS YOU WANT USED IN MATERIALS SHARED WITH ATTENDEES (if different):

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE: _____ FAX: _____

REGISTRATION FEE:

____ (\$550) **INDUSTRY:** General and Breakout Sessions and Exhibit -- Includes Sunday reception, continental breakfast each day, and lunch Tuesday.

PAYMENT METHOD (Select one):

____ Payment will be made at meeting

____ Payment is enclosed

____ Check _____ VISA _____ MasterCard _____ AMEX

Name as it appears on card _____

Account Number _____ Expiration Date _____

Signature _____ Date _____

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BOOTH PERSONNEL ONLY **REGISTRATION FORM**

_____ Additional Paid Registrants to receive Booth Badge x \$50 = \$ _____

Name	Company	City/State
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PAYMENT METHOD (Select one):

___ Payment will be made at meeting

___ Payment is enclosed

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Name as it appears on card _____

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