Internal Revenue Service Workshops/Seminars Registration

Please complete a separate form for each participant.

Workshop/Seminar(s) Planning to Attend				
Workshop/Seminar				
Date(s)	Time(s)	Ci	ity	State
Attendee Information				
Name				
Agency/Company Name				
Mailing Address				
City		State		Zip Code
Telephone Number	Fax Number	*Email Address (requ		quired)
Professional Education Cre	dits (If available)			
Would you like a certificate fo	r CPE credits?	0		
Comments				

*Important Note: Your e-mail address may be used to send important information regarding the seminars or workshops, such as confirmation of registration, directions, change in location, payment information, special accommodations, or other pertinent information.

For further information or questions, please contact the Registration Point of Contact. Thank you.