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**Internal Revenue Service**  
**Workshops/Seminars Registration**

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Please complete a separate form for each participant.

**Workshop/Seminar(s) Planning to Attend**

Workshop/Seminar

Date(s)	Time(s)	City	State
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**Attendee Information**

Name

Agency/Company Name

Mailing Address

City	State	Zip Code
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Telephone Number	Fax Number	*Email Address (required)
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**Professional Education Credits** *(If available)*

Would you like a certificate for CPE credits?  Yes  No

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.