

(One person per form, please)

REGISTRATION FORM

Name _____ Firm _____
 Street _____ City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____ CFP License # _____
 E-mail (for confirmation) _____

SEMINARS (\$250 for one full day, \$225/day for two full days, \$175/day for three or more full days, per person.)

Program Title _____ Date _____ \$ _____
 Program Title _____ Date _____ \$ _____
 Program Title _____ Date _____ \$ _____
 Program Title _____ Date _____ \$ _____

Total Due \$ _____

PAYMENT METHOD

PASS Number _____

Credit Card (circle one)



Card Number _____ - _____ - _____ - _____ Expiration Date _____

Signature _____

Check enclosed in the amount of \$ _____, payable to the Graduate Tax Program.

PHONE 303-871-6239 **FAX** 303-871-6358 **WEB** www.tax.du.edu
MAIL TO: Graduate Tax Program, 2255 E. Evans Ave. #390, Denver, CO 80208-0631

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