

2001 ANNUAL MEETING *of the* CALIFORNIA TAX BARS

PROGRAM REGISTRATION FORM

To Pre-register, complete the Registration Form and the Course Selector on the back. Keep a photocopy for your records and mail or fax before November 1 deadline. Please use a separate form for each registrant.

BY FAX (415) 538-2368 Credit Card registrants only. If pre-registration is faxed, do not mail original form. Faxed registrations cannot be confirmed by telephone. Please keep a copy of your forms.

BY MAIL Mail to Program Registrations, State Bar of California, 180 Howard Street, San Francisco, CA 94105-1639

REGISTRATION:

Please print or type name as it should appear on name badge.

Name: _____

CA State Bar # _____

Firm: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____ Spouse / Guest Name: _____

Would you like your confirmation letter e-mailed to you?: yes no

Your name and address may be disclosed to other *2001 Annual Meeting* attendees and exhibitors/vendors.

 For Special Assistance call (415) 538-2393

FEES Check one. (Registration fee includes Friday and Saturday evening reception, Saturday & Sunday continental breakfasts)

- | | |
|---|--|
| <input type="checkbox"/> State Bar of California Taxation Section Members \$375 | <input type="checkbox"/> Government Employees / Law School Faculty \$100 |
| <input type="checkbox"/> Non-Taxation Section Members \$435 | <input type="checkbox"/> Law Students \$50 |
| <input type="checkbox"/> Program Written Materials \$100 | |

TICKETED EVENTS:

Friday, November 9

Committee Luncheons @ \$20 per person \$_____ (Please check the committee lunch you wish to attend below.)

- Corporate Tax / Corporate Tax Counsel / Pass-Through Entities [41]
- Estate & Gift Tax [42]
- International [43]
- Procedure & Litigation [44]

Cocktail Reception (no additional cost) [45] I will attend _____ # in party I will not attend.

Dinner at MacArthur Park Restaurant _____ # in party @ \$55.00 = _____
(sponsored by the Tax Procedure & Litigation Committee) [46]

Saturday, November 10

Continental Breakfast (no additional cost) I will attend _____ # in party I will not attend. [47]

Award Luncheon _____ # in party @ \$35 per person = \$_____ [48]

Cocktail Reception (no additional cost) I will attend _____ # in party I will not attend. [49]

Sunday, November 11

Continental Breakfast (no additional cost) I will attend _____ # in party I will not attend. [50]

PAYMENT METHOD:

Registration fees may be paid by check, Visa or MasterCard (no other credit cards will be accepted.) Make checks payable to the State Bar of California.

TOTAL AMOUNT ENCLOSED/TO BE CHARGED = \$_____

CREDIT CARD INFORMATION

Visa MasterCard

Account Number _____ Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____