

CONFERENCE INFORMATION

2010

Texas Margin Tax**A Tax Advisor's Guide to the Tough Issues**

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SUBTOTAL \$

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BARCARD NUMBER (If Applicable)

STATE

BUSINESS NAME

ADDRESS

ADDRESS LINE 2

CITY

STATE

ZIP

REGISTRANT'S EMAIL*

ASSISTANT'S EMAIL* (Optional)

* Receipts will be emailed to these addresses

PHONE NUMBER

FAX NUMBER

PAYMENT INFORMATION

Visa
MasterCard
American Express

Purchase Order
Check

Make check payable to
The University of Texas at Austin

CREDIT CARD NUMBER (If Applicable)

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CARD SECURITY CODE

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Include a copy of the purchase order upon submission

AUTHORIZED SIGNATURE

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