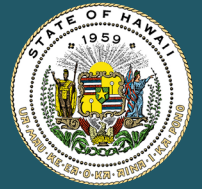




TAX WORKSHOP



MAIL-IN REGISTRATION FORM

DO NOT SUBMIT THIS FORM TO THE DEPARTMENT OF TAXATION

Please mail registration forms to the respective Continuing Education & Training Office

WORKSHOP

KAUA'I	Friday, July 6 (Course No. BUS8000-070618)	<input type="checkbox"/>
HAWAI'I	Thursday, July 12 - KONA (Course No. BUS8000-030)	<input type="checkbox"/>
	Friday, July 13 - HILO (Course No. BUS8000-031)	<input type="checkbox"/>
O'AHU	Tuesday, July 24 (Course No. BUS8000-0AHU)	<input type="checkbox"/>
MAUI	Thursday, July 26 (Course No. BUS8000-7-26-18)	<input type="checkbox"/>

REGISTRANT INFORMATION

NAME (LAST, FIRST, MI) _____ COMPANY/ORGANIZATION _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

PHONE _____ EMAIL ADDRESS _____

PAYMENT INFORMATION

PAYMENT AMOUNT

Registration Fee \$ _____

Extra Materials (\$25/set) \$ _____

TOTAL \$ _____

CHECK OR P.O.

Check \$ _____
(attach to registration)

Purchase Order \$ _____
(attach to registration)

P.O.# _____

CREDIT CARD

Card type (choose one):

VISA MASTERCARD

Exp. Date (MM/YYYY) ____ / ____

Card No. _____ 3-digit CVV _____

Name on card _____

Cardholder signature _____

Cardholder address _____
