

## Registration Form

Indian Gaming Forum - October 26, 2007

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**REGISTRATION FEE \$25**

Method of Payment:

\_\_\_\_\_ Check \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard

\_\_\_\_\_ American Express \_\_\_\_\_ Discover

Credit Card Number \_\_\_\_\_

Three Digit Security Code (for VISA and MasterCard) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Signature: \_\_\_\_\_

Mail or fax this form to:

The Center for State and Local Taxation

Institute of Governmental Affairs

University of California, Davis

One Shields Avenue

Davis, CA 95616-8617

Fax: (530) 752-2835