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