

**Lawler & Witkowski**  
**2003 Tax Problem Resolution Seminar**  
September 18-19, 2003

Attendee Name \_\_\_\_\_

**YES, I WOULD LIKE TO REGISTER TO ATTEND THE SEMNIAR**

**PLEASE COMPLETE THE FOLLOWING INFORMATION AND FAX BACK TO  
716.630.1651 BY AUGUST 29, 2003**

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Reservation Name \_\_\_\_\_

Additional Attendee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Registration Fee \$597

Additional Attendee(s) @ \$497 \$ \_\_\_\_\_

Total to Charge Credit Card \$ \_\_\_\_\_

Please Charge My:

(Choose One)     VISA                       MasterCard                       American Express

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Due to contractual restrictions, Lawler & Witkowski regrettfully cannot offer this seminar to current members of the US Tax MD-477 program or ASIPS.**

*I hereby certify that I am not a member of the US Tax MD-477 program or ASIPS.*

Signature \_\_\_\_\_

**THIS FORM MUST BE FAXED TO  
716.630.1651  
BY August 29, 2003**