



**SEAS THE DAY**  
SEATA 2019 ♦ ORLANDO

# 69th Annual Conference Southeastern Association of Tax Administrators

July 14 - 17, 2019  
Lake Buena Vista, Florida

## Conference Registration Form

Delegate Name			First	MI	Last	Name Preferred on Name Tag		
Mr. Mrs. Ms.								
Job Title/Position			Agency/Employer			Division/Section		
Business Street Address					City	State	ZIP Code	
Telephone Number			Fax Number		Email Address			

Do you have any dietary restrictions or special needs? If yes, list needs/instructions below.

Guest 1 Name	Guest 2 Name	Guest 3 Name
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Youth 1 Name (5 to 17 years of age only)

Youth 2 Name (5 to 17 years of age only)

Youth 3 Name (5 to 17 years of age only)

Youth 4 Name (5 to 17 years of age only)

Please indicate the activities you, your guest(s), and youth will attend during the conference.

**Activities included in the conference registration fee:**

<b>Welcome Reception</b> — Sunday, July 14	Delegate	Guest 1	Guest 2	Guest 3	Youth 1	Youth 2	Youth 3	Youth 4
<b>Youth Welcome Reception</b> --- Sunday, July 14								
<b>Youth 5 W/ J Jmi</b> — Tuesday, July 1 <sup>st</sup>								
<b>Reception/Closing Banquet</b> — Tuesday, July 1 <sup>st</sup>								

The Guest and Youth Information Form must be completed for the guest(s) and youth listed above.

		Fee if paid on or before June 15, 201J	Fee if paid after June 15, 201J		Fees Due
Government Delegate	x	\$350	\$350	= \$	_____
Industry Delegate	x	\$550	\$575	= \$	_____
Guest (No. _____)	x	\$125	\$125	= \$	_____
Youth (No. _____)	x	\$125	\$125	= \$	_____
Payment Method: Credit Card		Check (Payable to SEATA)		<b>Total Amount Due:</b>	\$ _____

**Please send completed registration form and payment to:**  
Darrell W. Smith, Executive Director  
Southeastern Association of Tax Administrators  
3672 Overlook Drive  
Tallahassee, FL 32311-7863  
Phone: (850) 577-0007 Fax: (850) 577-0010  
Email: [seatastates@comcast.net](mailto:seatastates@comcast.net)

**Refund Policy:**  
Cancellations must be made by July 1 to receive a full refund. No refunds will be issued for cancellations received after July 1. Refunds will not be issued for conference no-shows.

**For Office Use Only**  
Credit Card Payment Amt: \_\_\_\_\_  
Check Payment Amt: \_\_\_\_\_  
Check Number: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Date: \_\_\_\_\_