

---

## Low Income Taxpayer Clinic (LITC) Conference Registration

---

LITC name

Address

City

State

Zip Code

Attendee Name

Title

Phone number

Fax number

E-mail address

Emergency Contact Name & Telephone Number

---

### Additional Attendee Information

Attendee name

Title

Phone number

Fax number

E-mail address

Emergency Contact Name & Telephone Number

---

### Additional Attendee Information

Attendee name

Title

Phone number

Fax number

E-mail address

Emergency Contact Name & Telephone Number

---

**Please note any accommodations you may need due to a disability:**

---

---

Email completed form to [Gerard.E.Pieger@irs.gov](mailto:Gerard.E.Pieger@irs.gov)