## Low Income Taxpayer Clinic (LITC) **Conference Registration** LITC name Address City Zip Code State 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

Email completed form to Gerard.E.Pieger@irs.gov

E-mail address

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

**Emergency Contact Name & Telephone Number**