

Group Registration Form
San Diego County Treasurer-Tax Collector
Symposium: _____

Point of Contact (Person submitting registration):

First Name _____ Last Name _____
 Title _____ Department _____
 Email Address _____ Phone # _____
 Mailing Address _____

Please note: The only accepted payment method for this event is via our web site by credit card or e-check.

Attendees:

	First Name	Last Name	Email Address	Title
1				
2				
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Please return completed form to ttsymposiums@sdcounty.ca.gov

More than 25 attendees? Please attach a second copy of this form.