

**WEB SITE ADVERTISING
APPLICATION**Questions?
(503)378-4034**OREGON BOARD OF TAX PRACTITIONERS**

Fax (503)585-5797

Email: tax.bd@oregon.gov

3218 Pringle Rd SE, Ste 120, Salem OR 97302

Website: www.oregon.gov/OBTP

PLEASE COMPLETE THE BUSINESS INFORMATION AS REGISTERED WITH THE BOARD.**1****LICENSE #:** _____ **BUSINESS REGISTRATION #:** B- _____

PLEASE PRINT OR TYPE

Registered Business Name:			
Owner's Name:			
Address:			
City:	State:	Zip Code:	County: (Must Include)
Cell Phone:	Home Phone:	Business Phone:	
*E-Mail:		Fax	
Tax Related Web Link:			

*Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information.

2**FEES** (*SEE NOTE BELOW)

- a) \$10.00 for listing your name/address/phone Á (\$10) _____
- b) \$10.00 for a link to a tax-related Web site Á (\$10) _____

TOTAL FEES: _____**NOTE: Web site advertising subscriptions are posted on the Board of Tax Practitioners website from July 1st through June 30th of each year.***EXAMPLE: If you initially submit your Web site advertisement subscription in September of this year and would like to maintain the advertisement, you will need to renew your subscription by June of next year.***The consultant renewal application includes a space for you to submit information to advertise your business on the Board of Tax Practitioners Web site.****3****SIGNATURE** Under penalties of perjury, I declare that I have examined this application, including any accompanying attachments, and to the best of my knowledge and belief, it is true, correct and complete.

Signature _____ Date _____

4**CHECK OR MONEY ORDER**

Mail to:

STATE BOARD OF TAX PRACTITIONERS
3218 Pringle Rd SE, Ste 120
Salem OR 97302**CREDIT CARD PAYMENT**

3218 Pringle Rd SE, Ste 120, Salem, OR 97302

or FAX (503) 585-5797

Exp: ____/____

NUMBER _____ - _____ - _____ - _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

