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# LIKE-KIND EXCHANGES UNDER I.R.C. §1031

## REGISTRATION FORM

**Fax completed form to 703-754-0754**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

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Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Enclosed is my payment for \_\_\_\_ seminar registration(s).

Payment by:  VISA  MasterCard  Personal Check  
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Expiration Date: \_\_\_\_\_

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