



REGISTRATION/PAYMENT FORM 2025 BCI TAC CONFERENCE

\$125.00 fee per TAC or Alt-TAC



Agency Name:	
Agency ORI:	
(This is a <i>nine-character</i> identifier that begins with "UT" or "UX" and is unique to your agency. Please contact BCI if you do not know your agency's ORI.)	
Person(s) Attending:	
Attendee's e-mail address:	
Other ORIs you will be representing:	

- This form must be submitted with payment: credit card information (see page two), check, or IAT.
 - Please submit the registration form with credit card information or IAT electronically via email to **ovaisima@utah.gov**. Check payments may be mailed with a registration form to the Utah Bureau of Criminal Identification Attn: Field Services, 4315 South 2700 West Suite 1300, Taylorsville, UT 84129
- Please fill out one form per type of payment. (e.g. If you have one check issued by your department for the TAC and Alt-TAC, you would fill out one form and indicate the names of all attendees that the payment is for.)
- **The final day to register is Monday, August 18, 2025.** BCI will not accept payments after August 18th and you will not be able to attend the TAC Conference if you have not paid by that date. *Please be aware that BCI will not be issuing refunds for any reason.*

The following fields are for STATE AGENCIES ONLY			
State agencies paying by IAT <i>must</i> fill out <i>all</i> of the following fields, or there will be a delay in processing your payment. If paying by IAT you may email your form to ovaisima@utah.gov .			
Fund:	Agency:	Unit:	APP:
Object Code:	Function Code:		
Financial Contact Person:		Financial Contact Phone #:	
Financial Contact Address:			

Credit Card Payments – see next page

THE FOLLOWING FIELDS ARE ONLY FOR THOSE ENTITIES WHO ARE PAYING WITH A CREDIT CARD.

Credit Card payment must include 3-digit control number found on the back of the credit card.

Credit Card Type: (BCI can accept Visa, Master Card, American Express or Discover Card.)

***Discover**

***Visa** ☐

***MasterCard** ☐

***American Express**

Card Number

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3 or 4 Digit Control #

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Expiration Date

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Name of card owner: _____

Signature _____

Phone Number _____

If paying by credit card, you may email a scanned version to ovaisima@utah.gov or mail it to the address on the previous page. **We must have a card owner's signature on the form.** We are unable to take credit card information over the phone.

For BCI's use only:
Verification ☐