



**American
Accounting
Association**

Thought Leaders in
Accounting

2015 Annual Meeting Sponsorship Application

Date Submitted: _____

COMPLETE Company/Organization Name *(as it should appear in meeting material):*

Address: _____

City: _____ State: _____ Zip: _____

Website (provide URL for AAA sponsor list): _____

Primary Sponsor Contact Person *(will be used for all communications):*

Name: _____

Title: _____

Phone: () _____ Fax: () _____

Email: _____

AAA Annual Meeting Sponsorship Selection August 8 – 12, Chicago, IL

☐ Friend \$2,500 _____

☐ Supporter \$5,000 _____

☐ Partner \$7,500 _____

☐ Premier \$10,000 _____

Total \$ _____

Method of Payment:

☐ VISA ☐ MasterCard ☐ American Express ☐ Check

☐ Please send me an INVOICE. I understand my sponsorship will not be publicized until payment is received.

Card No.: _____ Exp. Date: _____

Signature: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

American Accounting Association • 5717 Bessie Drive, Sarasota, FL 34233-2399

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For Office Use Only: AAA ID _____ to BC _____ to RS _____ Invoiced _____ Date Pd _____ Info Sent _____
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