

**American Accounting Association
First APLG/FSA Joint Annual Seminar
February 13 – 15, 2005, Scottsdale, Arizona**

AAA Member ID#: _____ Full Name: _____
Nickname for badge: _____
University Name or Affiliation: _____
Mailing Address: _____
City: _____ State: _____ Country: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Fee includes registration for the seminar, New Chairpersons' Program, and all meals beginning with breakfast on Sunday through breakfast on Tuesday.

Registration fee\$220 \$ _____
Late fee (for registrations received after January 24, 2005)\$25 \$ _____
Total Amount Paid: \$ _____

- _____ I request a vegetarian meal.
- _____ I am a member of APLG
- _____ I am a member of FSA
- _____ I plan to attend the New Chairpersons' Program

Card Number for VISA or MC (only) _____ Exp. Date: _____

Name on Credit Card (if different from above): _____

Signature: _____

(I agree to pay any late fees assessed if my registration is received after January 24, 2005)

If you are paying by credit card, you can fax this form to: (941) 923-4093.

If paying by check, please make check payable to the American Accounting Association and mail along with the completed application form to the:

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

Cancellation Policy

All cancellations must be received in writing at AAA in order to be processed. Cancellation requests received after January 24 will incur a \$25 cancellation charge. No refunds will be available for cancellations after February 3, or for no-shows.

Americans with Disabilities

The American Accounting Association intends to comply fully with the Americans with Disabilities Act (ADA). Any members planning to attend this meeting, who have special needs as covered by the ADA, are requested to notify Debbie Gardner at the American Accounting Association, debbie@aaahq.org or (941) 556-4101 to facilitate identification and accommodation of these needs by the Association.