

**American Accounting Association
APLG/FSA Annual Seminar
February 10 – 12, 2008 · Charleston, South Carolina**

Full Name: _____
(Print FIRST NAME MIDDLE INITIAL LAST NAME)

AAA Member ID#: _____ Nickname for badge: _____

University Name or Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Fee includes registration for the seminar and all meals beginning with lunch on Sunday through breakfast on Tuesday. The New Chairpersons' Program is free but pre-registration is required. The New Chairperson's Program includes breakfast on Sunday.

Registration fee\$220 \$ _____

Late fee (for registrations received after January 7, 2008)\$25 \$ _____

Guest Tickets:

Sunday Lunch @ \$30 \$ _____

Sunday Reception @ \$25 \$ _____

Monday Breakfast..... @ \$20 \$ _____

Monday Lunch..... @ \$30 \$ _____

Monday Reception @ \$25 \$ _____

Tuesday Breakfast..... @ \$20 \$ _____

Total Amount Paid: \$ _____

_____ This is the first time I have attended an APLG or FSA Seminar.

_____ I plan to attend the New Chairpersons' Program _____ I am a member of FSA

_____ I request a vegetarian meal. _____ I am a member of APLG

Credit card payments can be faxed to: (941) 923-4093. **Checks** should be made payable to the American Accounting Association and mailed to: American Accounting Association, 5717 Bessie Drive, Sarasota, FL 34233-2399

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 7, 2008)

Credit card billing address if different from above:

Cancellation Policy

All cancellations must be received in writing at the AAA in order to be processed. Cancellation requests received after January 7, 2008 will incur a \$25 cancellation charge. No refunds will be available for cancellations after January 28, 2008, or for no-shows.