

**American Accounting Association
Registration Form
2005 Diversity Section Meeting
October 6-8, 2005 Atlanta, Georgia**

MEMBER ID# _____ NAME _____
(from mailing label) (Please print.)

NICKNAME (for badge) _____ GUEST'S NAME (if attending) _____

MAILING ADDRESS _____

CITY _____ STATE ____ ZIP _____ COUNTRY _____

EMPLOYER (ORGANIZATION) _____

PHONE: HOME () _____ OFFICE () _____ FAX () _____

EMAIL _____

Registration fee includes registration for the conference, and all conference meals and receptions from Thursday through Saturday.

Will you be attending the lunch on Friday: _____ YES _____ NO

_____ Check here if you need vegetarian meals.

Early Registration Fee	\$175.00
Late Fee (for payments received after September 22, 2005)	<u>25.00</u>
Total Remitted for Registration	\$ _____

Make checks payable to: **American Accounting Association**

Mail registration form and check to: **American Accounting Association, 5717 Bessie Drive, Sarasota, FL 34233-2399.**
Registrations paid by a credit card may be faxed to (941) 923-4093.

Credit Card Information:

Only: _____ MasterCard _____ Visa

Account Number: _____ Exp. Date: _____

Signature: _____

I agree to pay any late fees assessed if my registration is received after September 22, 2005.

Please check if applicable:

_____ I have enclosed a letter indicating the type of special services I will require.

Registrants who have special needs, as covered by the Americans with Disabilities Act, are requested to notify Debbie Gardner at the American Accounting Association (debbie@aaahq.org or 941-556-4101).

Cancellation Policy:

All cancellations must be received in writing at AAA in order to be processed. Cancellation requests received after September 22, 2005 will incur a \$25 cancellation charge. No refunds will be available for cancellations after September 26, 2005, or for no-shows.