

**American Accounting Association
Registration Form
2007 Diversity Section Meeting
October 4-6, 2007 – 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 conference registration, all conference meals and receptions from Thursday through Saturday.

_____ Check here if you need vegetarian meals.

Registration:

Early Registration Fee \$175 \$ _____

Late Registration Fee (after September 24, 2007) \$200 \$ _____

Guest Tickets:

Guest Ticket for Thursday Reception, October 4 _____ @ \$15 \$ _____

Guest Ticket for Friday Lunch, October 5 _____ @ \$30 \$ _____

Guest Ticket for Friday Reception, October 5 _____ @ \$15 \$ _____

Guest Ticket for Saturday Lunch, October 6 _____ @ \$20 \$ _____

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 24, 2007.**

Credit card billing address if different from above:

Cancellation Policy:

All cancellations must be received in writing at AAA in order to be processed. No refunds will be available for cancellations after **September 24, 2007**, or for no-shows.