

American Accounting Association
2007 Southwest Region Meeting • New Scholars Consortium
February 22, 2007
Registration Form

University Name: _____

Contact Person: _____

Contact Telephone: _____ Contact e-mail _____

Student Name	Student e-mail	Year in Program	Dietary Restriction

Student Registration FeeQty. _____ @ \$25 each \$ _____

Faculty Name	Faculty e-mail	Dietary Restriction

Faculty Registration FeeQty. _____ @ \$35 each \$ _____

Total \$ _____

PAYMENT OPTIONS

Check:

Registrations paid by check (made payable to AMERICAN ACCOUNTING ASSOCIATION) should be mailed along with a copy of this form to the American Accounting Association, 5717 Bessie Drive, Sarasota, FL 34233-2399

Credit Card, ONLY:

MasterCard or VISA Account Number: _____

Signature _____ Expiration Date _____

Cancellation Policy: All cancellations for the New Scholars Consortium must be received in writing at AAA (email office@aaahq.org) in order to be processed. No refunds will be available for cancellations after February 12, 2007 or for no shows.