

**American Accounting Association  
2008 Diversity Section Meeting  
October 2-4, 2008 – New Orleans, Louisiana  
Hilton New Orleans Riverside  
Registration Form**

MEMBER ID# \_\_\_\_\_ NAME \_\_\_\_\_  
(from mailing label) Print: First Name Middle Last Name

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 15, 2008)	\$200	\$ _____

**Guest Tickets:**

Guest Ticket for Thursday Reception, October 2	_____ @ \$15	\$ _____
Guest Ticket for Friday Lunch, October 3	_____ @ \$30	\$ _____
Guest Ticket for Friday Reception, October 3	_____ @ \$15	\$ _____
Guest Ticket for Saturday Lunch, October 4	_____ @ \$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 15, 2008.**

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 15, 2008**, or for no-shows.