

**AMERICAN ACCOUNTING ASSOCIATION
2009 Diversity Section Meeting
October 1-3, 2009 • Marriott Riverwalk • San Antonio, Texas
Registration Form**

ATTENDEE INFORMATION

Full Name: _____
(PLEASE PRINT) FIRST NAME MIDDLE INITIAL LAST NAME

AAA Member ID#: _____ Nickname for badge: _____

University Name or Affiliation: _____

Mailing Address: Home Work _____

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

Email: _____ Phone: Home Work _____

REGISTRATION FEES

The registration fee includes conference registration, all conference meals and receptions as outlined in the preliminary program, name badge (required for admittance to meeting events), meeting program, and attendance list.

Diversity Section Member Registration Fee (on or before September 8, 2009)\$175 _____
Non-Diversity Section Member Registration Fee (on or before September 8, 2009)\$190 _____
Additional Late Fee Charge (after September 8, 2009)\$25 _____

Attendee Special Meal Request: Vegetarian Vegan Gluten-Free

*Members of the American Accounting Association who are not already members of the **Diversity Section** may allocate \$15 of their registration fee to **join the Diversity Section**.

_____ I am an AAA member and want to allocate \$15 of my registration fee to join the Diversity Section.

GUEST TICKETS (optional)

Paid attendees are welcome to bring a guest to the following social/meal functions for an additional fee. Please indicate below the name of the guest and the specific functions he/she will be attending.

Guest Name _____
(PLEASE PRINT) FIRST NAME LAST NAME

Guest Ticket for Thursday Reception, October 1 _____ @ \$15.....\$ _____
Guest Ticket for Friday lunch, October 2 _____ @ \$30.....\$ _____
Guest Ticket for Friday reception, October 2 _____ @ \$15.....\$ _____
Guest Ticket for Saturday lunch, October 3 _____ @ \$20.....\$ _____

Guest Special Meal Request: Vegetarian Vegan Gluten-Free

TOTAL\$ _____

PAYMENT

Check Enclosed (payable to AAA): Credit Card (MC and Visa only, provide information below): MC Visa

Account Number _____ Exp. Date _____

Signature: _____

I agree to pay any late fees assessed if my registration is received after September 8, 2009.

Credit Card billing address if different from above: _____

Registration paid by a credit card may be faxed to AAA at (941) 923-4093.

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

Mail registration form and check to: **5717 Bessie Drive, Sarasota, FL 34233-2399**

CANCELLATION POLICY

All cancellations must be received in writing at AAA in order to be processed (email Office@aaahq.org). Cancellation requests received after September 8, 2009 will incur a \$25.00 cancellation charge. No refunds will be available for no-shows or cancellations after September 21, 2009.