

AMERICAN ACCOUNTING ASSOCIATION
2010 Ohio Region Meeting
May 6-8, 2010 • Hyatt on Capitol Square • Columbus, Ohio
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: Name badge (required for admission to all events), one copy of Proceedings and List of Registrants, reception on Thursday, continental breakfast, lunch and reception/awards banquet on Friday and breakfast buffet on Saturday.

Registration Fee (on or before April 5, 2010)\$165 _____
 Late Registration Fee (after April 5, 2010)\$180 _____
 Student Registration Fee\$40 _____
 Attendee Special Meal Request: Vegetarian Vegan Gluten-Free

OPTIONAL CPE WORKSHOPS - Thursday, May 6, 2010 (Meeting Registration Required):

CPE 1 – Faculty/PhD Students Teaching Success Workshop 1:00 p.m. – 5:00 p.m. \$0 _____
 CPE 2 – Primer in Qualitative Research in Accounting 1:00 p.m. – 5:00 p.m. \$35 _____
 CPE 3 – Tour of Ohio State Capital & Accountancy Board of Ohio 1:30 p.m. – 4:30 p.m. \$0 _____
 CPE 4 – The Learner-Centered Approach and Holistic Education... 6:40 p.m. – 8:55 p.m. \$20 _____

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 Friday breakfast, May 7 _____ @ \$15.....\$ _____
 Guest Ticket for Friday luncheon, May 7 _____ @ \$25.....\$ _____
 Guest Ticket for reception and banquet on Friday evening, May 7 _____ @ \$40.....\$ _____
 Guest Ticket for Saturday breakfast, May 8 _____ @ \$15.....\$ _____
 Guest reception and meal package that includes all of the above _____ @ \$70.....\$ _____
 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 April 5, 2010.

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 April 5, 2010 will incur a \$25.00 cancellation charge. No refunds will be available for no-shows or cancellations after April 19, 2010.