

AMERICAN ACCOUNTING ASSOCIATION
2010 Western Region Meeting
April 29 – May 1, 2010 • Portland Hilton & Executive Tower • Portland, Oregon
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), List of Registrants, Proceedings, Thursday and Friday evening receptions, Friday continental breakfast and luncheon and Saturday buffet breakfast.

Registration Fee (on or before March 29, 2010)\$195 _____
 Late Registration Fee (after March 29, 2010)\$220 _____
 Non-AAA Member Registration Fee\$235 _____
 Doctoral Student Registration Fee\$90 _____
 Attendee Special Meal Request: Vegetarian Vegan Gluten-Free

CPE WORKSHOPS Thursday, April 29, 2010, 1:00 p.m. – 5:00 p.m. (Meeting Attendance Required)

CPE 1 – Workshop for New Teaching Faculty & Practitioners Interested in Teaching\$0 _____
 CPE 2 – Introduction to XBRL\$50 _____

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 luncheon, April 30 @ \$40.....\$ _____
 "Invite a Student" Ticket, April 30 @ \$40.....\$ _____
 (for Friday Sessions and Friday Luncheon only)
 Guest Ticket for Friday evening reception, April 30 @ \$45.....\$ _____
 Guest Ticket for Saturday Breakfast, May 1 @ \$35.....\$ _____
 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 March 29, 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 March 29, 2010 will incur a \$25.00 cancellation charge. No refunds will be available for no-shows or cancellations after April 12, 2010.