

FORM 17

Form for Submitting Region Information for the Directory

Please add more pages as necessary.

Information may be submitted electronically in Microsoft Word.

Contact Assistant Director for Publications Diane Hazard to obtain the electronic file.

Region Name: _____

Objectives: _____

Membership Number will be supplied by the headquarters office.

Region Home Page: <http://>_____

Submit by May 1 annually to:

Diane Hazard
Assistant Director for Publications
American Accounting Association
5717 Bessie Drive
Sarasota, FL 34233-2399
Fax: (941) 923-4093
Voice: (941) 921-7747 ext. 307
Email: diane@aaahq.org

With one click you can comment
on any of the forms in this manual
by visiting our web site at
<http://AAA-edu.org>

2003–04 Officers

Officer Title: _____

Officer's Name: _____

Department: _____

School: _____

College or University: _____

City, State, ZIP: _____

Phone: _____

Fax: _____

Email: _____

Officer Title: _____

Officer's Name: _____

Department: _____

School: _____

College or University: _____

City, State, ZIP: _____

Phone: _____

Fax: _____

Email: _____

Officer Title: _____

Officer's Name: _____

Department: _____

School: _____

College or University: _____

City, State, ZIP: _____

Phone: _____

Fax: _____

Email: _____

Officer Title: _____
Officer's Name: _____
Department: _____
School: _____
College or University: _____
City, State, ZIP: _____
Phone: _____
Fax: _____
Email: _____

Council Representative (photograph needed)

(Regions with 1,000 members or more are allotted 2 council representatives)

Council Representative's Name: _____
Department: _____
School: _____
College or University: _____
City, State, ZIP: _____
Phone: _____
Fax: _____
Email: _____

Council Representative's Name: _____
Department: _____
School: _____
College or University: _____
City, State, ZIP: _____
Phone: _____
Fax: _____
Email: _____

Committee Chairs or Other

Title: _____
Name: _____
Department: _____
School: _____
College or University: _____
City, State, ZIP: _____
Phone: _____
Fax: _____
Email: _____

Title: _____
Name: _____
Department: _____
School: _____
College or University: _____
City, State, ZIP: _____
Phone: _____
Fax: _____
Email: _____

Future Meetings

Year and dates: _____
Host school: _____
City, State: _____

Year and dates: _____
Host school: _____
City, State: _____