



## 2017 AACA Regional Meeting Registration Form Mesa, Arizona October 7, 2017

Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/>	First name	Middle name	Last name
Suffix (Jr., III)	Degree	Institution/ Company Name	
Department Title/Position	Address		City
State/Province	ZIP/Postal Code	Country	
Business Phone	Cell Phone	E-mail	
Do you have any dietary restrictions? If so, please indicate:			

### Registration Fees

Student/Undergraduate Registration	\$30.00 _____
Graduate Student Registration	\$45.00 _____
Faculty/Clinician Registration	\$100.00 _____
*Virtual Poster Presenter	\$10.00 _____

*\*You must have submitted an abstract to qualify for this category. Virtual poster presenters are those individuals who cannot, for some reason, attend the meeting in person. These individuals are required to present virtually, from a remote location, during their assigned time.*

FAX forms to 706-883-8215 or postal mail to:

Mail checks to:  
 AACA  
 251 S. L. White Blvd  
 P.O. Box 2945  
 LaGrange, GA 30241

Credit Card Type    Visa <input type="checkbox"/> MC <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/>	Amount charged to card \$
Card Number	Expiration Date                      CSC:
Name	
Billing Address (please include card zip code)	

*For questions, contact AACA Main Office at [ashamp@asginfo.net](mailto:ashamp@asginfo.net) or 1-706-298-0287. Thank you for your payment!*

### Conference Photo Consent

When you register for the AACA Regional Meeting, you affirmed that you agreed to allow AACA photographers to record your participation and reproduce your likeness in publications, online, etc.