

2019 Annual AACA Conference Registration Form

Name		Guest Name (for Reception(s)/Banquet)		E-mail Address	
Institution			Street Address		
City	State/Province	Zip Code	Country	Phone	FAX
Is this your FIRST AACA Annual Conference? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you require a certificate of attendance? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Please indicate if you will need accommodations in order to participate. Wheelchair access <input type="checkbox"/> Other: _____					
Entire Conference Package Tuesday, June 11 - Friday, July, 14, 2019 (includes Scientific Sessions, Evening Social Events, and Banquet)					
	Member	Non-Member	Associate	Associate Non-Member	
Early Rates Until 5/3	\$ 450 <input type="checkbox"/>	\$ 610 <input type="checkbox"/>	\$ 250 <input type="checkbox"/>	\$ 400 <input type="checkbox"/>	
Regular After 5/3	\$ 475 <input type="checkbox"/>	\$ 635 <input type="checkbox"/>	\$ 275 <input type="checkbox"/>	\$ 425 <input type="checkbox"/>	
Post Graduate Course Friday, July 15, 2019 (Includes course registration, breakfast/lunch, and transportation to event)					
	Member	Non-Member	I will require transportation (buses provided)		
Registration Rates	\$ 300 <input type="checkbox"/>	\$ 350 <input type="checkbox"/>	<input type="checkbox"/>		
Registration for Guest (Non-Industry) Rate – Includes access to all events, including banquet.					
Early Rates (until 5/3)	\$ 130 <input type="checkbox"/>				
Regular Rates (after 5/3)	\$ 145 <input type="checkbox"/>				
Additional Options					
Tuesday, 6/11: Welcome Reception 6:30 – 8:30 PM - I will attend <input type="checkbox"/> Yes <input type="checkbox"/> No My unregistered guest will attend <input type="checkbox"/> \$40 Yes <input type="checkbox"/> No					
Wednesday, 6/12: Mentor Reception 5:15 – 6:15 PM - I will attend <input type="checkbox"/> Yes <input type="checkbox"/> No					
Thursday, 6/13: Evening Social at Gilcrease Museum 7:00 – 9:00 PM I will attend <input type="checkbox"/> Yes <input type="checkbox"/> No I require transportation (Bus) <input type="checkbox"/> Yes <input type="checkbox"/> No My unregistered guest will attend <input type="checkbox"/> \$50 Yes <input type="checkbox"/> No They require transportation (Bus) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Friday, 6/14: Reception 5:00 – 6:00 PM - I will attend <input type="checkbox"/> Yes <input type="checkbox"/> No My unregistered guest will attend <input type="checkbox"/> \$15 Yes <input type="checkbox"/> No					
Friday 6/14: Banquet 6:00 – 8:00 PM <i>(Included in Registration Fee. Banquet fee for an unregistered guest is \$55 per person.)</i>	Please indicate the type(s) of meal for each registrant: Member, Non-Member, Associate regular meal <input type="checkbox"/> vegetarian <input type="checkbox"/> Allergies _____ Guest Tickets \$55 _____ regular meal <input type="checkbox"/> vegetarian <input type="checkbox"/> Allergies _____	Consent For Use Of Photographic Images: Registration And Attendance At, Or Participation In, AACA Meetings And Other Activities Constitutes An Agreement By The Registrant To AACA's Use And Distribution (Now And In The Future) Of The Registrant Or Attendee's Image Or Voice In Photographs, Videotapes, Electronic Reproductions And Audiotapes Of Such Events And Activities. *I Give My Permission To Release My Email Address To Both Vendors And Attendees. DO NOTE That If You Check NO Then Your Name Will NOT Be On The Attendee List. YES _____ NO _____			
FAX to 706.883.8215, e-mail to ktynner@asqinfo.net or send to: AACA 251 S. L. White Blvd. P.O. Box 2945 LaGrange, GA 30241 AACA Tax ID: 58-1572822 <input type="checkbox"/> A check is enclosed, payable to AACA Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card # _____ Dollar amount to be charged to card US \$ _____.00 Exp. Date : _____ CSV: _____ Name on card: _____ Billing Address: _____	Total Payment Amount I would like to join AACA or renew my dues (\$150 Regular (Electronic), \$195 Regular (Print), \$50 Affiliate (no Journal), \$50 Associate Student (Electronic), \$195 Associate Student (Journal), \$100 Associate Postdoc/resident (Electronic), \$195 Associate Postdoc/resident \$100 Senior (Electronic), \$195 Senior Print, Free Senior Limited (No Journal Provided))	\$ _____ \$ _____ \$ _____ \$ _____ Total Payment \$ _____			

The AACA believes that each conference attendee should be treated with respect and dignity and that any form of sexual harassment is a violation of human dignity. The AACA condemns sexual harassment and maintains a "zero - tolerance" for sexual harassment. All conference attendees have the right to participate and learn free of sexual harassment. The AACA will take all reasonable efforts to prevent and promptly correct instances of sexual harassment. Any conference attendee who believes himself or herself to be a victim of sexual harassment is encouraged to report the information to the Program Secretary.

A withdrawing registrant will receive a full refund minus a handling fee equal to 15% of the registration fee until May 17. From May 17th up to 7 days before the conference begins (June 4), 75% of the registration fee will be refundable. No refunds will be made after June 4. Refund of fees requires an emailed request to ktynner@asqinfo.net. Refund requests received prior to the conference may not be processed until after the conference end.