## 24TH ANNUAL AAAR CONFERENCE





Full Name				_ First Nam	First Name for Badge										
Organiza	rganization														
Organiza	tion Ad	dress													
Country (	other t	han the United	States)												
E-mail	-mailTelephone			Fax											
Will you l	be acco	ompanied by a s	spouse/gues	st? 🗆	Yes		No * The Spous	e/Guest F	Registrat	ion Fee is \$10	00. This is	to cover the	9		
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Requests for refunds must be submitted by September 17. There will be \$75 processing fee for all refunds. Refunds will not be processed until after the meeting. Refund requests received after September 17 will not be honored. Registrations and tutorials are non-transferable.

## **HOW TO SUBMIT**

## Mail or fax this form to:

AAAR Registration Manager 15000 Commerce Parkway, Suite C Mount Laurel, NJ 08054

Fax: 856-439-0525 • Register online: www.AAAR.org

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Make checks payable to AAAR (U.S. funds drawn on U.S. bank only).
(NOTE: Award contributions will be charged separately if paid by credit card.)
□ CHECK □ WIRE TRANSFER (Requires additional \$25 to cover bank fees)
CREDIT CARD: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS
Card Number:
Expiration Date:
Signature:
Cardholder's Name:

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Registration Fee:	\$
Tutorial Fee:	\$
Spouse/Guest Fee:	\$
Total Conference Fee:	\$
Award Donation:	\$