## AAA-CPA Fall Meeting & Education Conference, Palm Beach Gardens, FL **November 7-11, 2012**

Questions? meetings@attorney-cpa.com

|   | 1   | Full Pagistration   | Daokaga   | Includes: We      | laoma Daa                  | antion                 |  |
|---|---|---|---|-------------------|----------------------------|------------------------|--|
| First Name  | Last Name   | <u>Full Registration Package</u> – Includes: Welcome Reception,<br>Education Sessions, Electronic Course Materials, 3 Breakfasts, 2<br>Lunches, 3 Hospitalities, Breaks, and Dinner Cruise.   |   |                   |                            |                        |  |
| Preferred Name for Badge  |   | (DOES NOT INCLUDE   | E HOTEL)<br>Un  | til October 5     | After                      | October 5              |  |
| Address   |   | Member<br>Non-Member  |   | 5750<br>5850      | \$85<br>\$95               |                        |  |
| City  | State Zip   | –   <del>–</del><br>Education Only F  | Package –   | Includes: Educ    | cation Sessi               | ions Elec-             |  |
| Phone   | /   | Fax  Education Only Package – Includes: Education Sessions, Electronic Course Materials, Lunch on days attending and Breaks.  Until October 5 After October 5   |   |                   |                            | Breaks.                |  |
|   | T ax  |   | Member 1  | Non Member        | Member 1                   | Non Member             |  |
| Email Address   |   | Full Education<br>Thursday Only   | \$595<br>\$395  | \$695<br>\$495    | \$695<br>\$495             | \$795<br>\$595         |  |
| Guest Name  |   | Friday Only   | \$395   | \$495             | \$495                      | \$595                  |  |
|   |   | Saturday Only<br>Special Rates _ In   | \$175   | \$275             | \$275                      | \$375                  |  |
| Guest Preferred Name for F  | Badge   | above)1 <sup>st</sup> Time Attende  |   | ii Kegisiraiion I | ғаскаде (s<br><b>\$650</b> | ee aescripiion         |  |
| Child/Youth Name/Age  | Child/Youth Name/Age  | — (A current member Meeting)  | (A current member who has not attended a previous National Meeting)   |                   |                            |                        |  |
| Child/ Youth Name/Age   | Child/Youth Name/Age  | (Not an AAA-CPA N   | New Member Rate \$650<br>(Not an AAA-CPA Member? Join today and save over 50% on your dues and attend the full conference at discounted rate) |                   |                            |                        |  |
| Do you require any special  | dietary restrictions or accommodations                        | !   |   |                   | ĺ                          |                        |  |
| $\hfill \Box \mbox{ YES}$ If Yes, please describe belo                                  | Spouse/Guest Break  | Guest Registration – Includes: Welcome Reception, 2 Breakfasts, Spouse/Guest Breakfast, 3 Hospitalities, and Dinner Cruise.  Guest/Spouse \$450   |   |                   |                            |                        |  |
|   |   | Child/Youth Regi  | <b>istration</b> - I  | Includes: Welco   | оте Кесері                 | ion,                   |  |
| Emergency Contact: Pleas to reach in case of emergen                                    | e provide information below of some cy during the conference. | Child (age 5– 1)  |   |                   | outh (age 1                | 2-20) \$170            |  |
| Name:   |   | Night Golf  |   | Qt                | ty:                        |                        |  |
| Phone:  | Please indicate num night golf event dur                      | Please indicate number in your party interested in participating in the night golf event during the opening reception.  Please note this event is limited to the first 50 players to sign up.                                       |   |                   |                            |                        |  |
| Relationship:   |   |   |   | i to the just 50  | piayers to                 | sign up.               |  |
| <b>REGISTRATION FEES:</b> Attendee  | Please note all option pants. If the minimu                   | OPTIONAL EVENTS:  Please note all optional tours require a minimum number of participants. If the minimum number of participants is not met by October 26, 2012, the optional tour may be cancelled and fees refunded.              |   |                   |                            |                        |  |
| Spouse/Guest<br>Child (5 – 11 years old)  | \$<br>\$  | Water Taxi Tour   | ,   |                   | ty:                        | @ \$81                 |  |
| Youth (12–20 years old)   | \$  | <ul><li>Spouse/Guest Shop</li></ul>   | oning & La  | inch Tour Ot      | v:                         | @ \$72                 |  |
| <b>OPTIONAL ITEMS:</b> Optional Event: Water Taxi                                       | i Tour \$   | Golf Clinic   | · I 8   |                   | ty:                        | @ \$85                 |  |
| Optional Event: Spouse/Gu<br>Optional Event: Golf Clinic<br>Optional Event: Golf with N | Golfing with MPI Please note, this eve                        | ent is limite   |   | ty:               | @ \$50<br>at sign up.      |                        |  |
| Printed Materials Course Proceedings  | MPI   |   | <u>MS:</u>  | Qty:              | \$30                       | J ,                    |  |
| Total Due   | \$  | Conference Procee   | edings  | Qty: _<br>Qty: _  |                            | members<br>non members |  |
| PAYMENT INFORMAT  | TION:   |   |   |                   |                            | ion inclinació         |  |
| Payment in full is due with your  | r registration.   | <u>CANCELLATION</u><br>Requests for cancellati  |   |                   | writing and                | d be sent to the       |  |
| ☐ Check Enclosed (paya  | AAA-CPA. Requests   | Requests for cancellation refunds must be made in writing and be sent to the AAA-CPA. Requests must be postmarked by <b>October 5, 2012</b> for 75% refund, and by <b>October 26, 2012</b> for 50% refund. No refunds will be given |   |                   |                            |                        |  |
| ☐ MasterCard  | □ Visa □ AmEx   | after <b>October 26, 201</b> 2  |   | r 30% rejuna. 1   | No rejunas v               | viii be given          |  |
|   | <u> </u>  | - FOUR Ways to I  | Register:   |                   |                            |                        |  |
| Credit Card Number  Exp. Date/  | Online: www.atto  | Online: www.attorney-cpa.com Phone: 888-288-9272  |   |                   |                            |                        |  |
| Cardholder Signature  |   | - Fairfax, V  |   | way, Suite / I F  | 1                          |                        |  |
| - ::  |   | 1   |   |                   |                            |                        |  |