

**2010 AACSB-CLADEA Conference Registration Form
Multiple Registration Discount Form
14-16 July, 2010 • Lima, Peru**

Use a separate form for each registrant; duplicate form as needed. Advance conference and travel information is available on the Web site: <http://www.aacsb.edu>. For further information, call +1 813-769-6500 or email events@aacsb.edu.

***IMPORTANT: The buy three and get the fourth free special discount applies only when all registration forms are submitted at the same time.**

Received by 13 July, 2010	ON-SITE RATE 14 July, 2010
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1st, 2nd, and 3rd Member	495 USD	795 USD
4th Member	0 USD	795 USD
Non-Member	495 USD	795 USD

Individual Registration Form # _____ of _____

Payment must be in U.S. currency only, drawn on a U.S. bank

Registration Fee: _____ USD

Please print, type or attach business card.

First time AACSB International registrant check here

Date: _____

Prefix: _____ First: _____ MI: _____ Family/Last: _____ Designation: _____

School/Organization: _____

Position Title: _____ Email: _____

Division/Department: _____

Address: _____

City: _____ Province/State: _____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____ Preferred First Name for Badge: _____

Is this an official contact information change: Yes No How did you hear about this event? _____

Dietary: Low Fat Vegetarian Kosher Shellfish Allergies Other _____ Request must be made by March 18, 2010

Physical: Please check here if you require special accommodations to participate in the conference, attach a written description of your needs.

Accommodations: All hotel accommodations and related special requests must be made directly with the hotel.

Register via

1. **FAX** completed registration form with credit card information or wire transfer documentation to 1+813-472-5531. (If you are faxing, please do not mail original form.)

2. **MAIL/Post** completed registration form with check payments to:
AACSB International Events
777 South Harbour Island Blvd., Suite 750
Tampa, FL 33602-5730 USA

(Both registration and payment must be received by the cutoff date to qualify for the discounted rate.)

Faxed registration cannot be processed without credit card payment.

Registrations will not be confirmed until full payment is received

Special 4th Free Registration

Payment must accompany your registration form.

U.S. Federal Identification # 43-6036286

For wire transfer, please add 15 USD

Indicate participant's name, organization, and event code ICAM09 on payment. Please fax receipt of transfer with registration to +1 813-472-5531

SunTrust Bank
401 East Jackson Street, Tampa, FL 33602 USA
Account # 1000010751146 Routing # 061000104 Swift # SNTRUS3A

Charge my: American Express VISA
 Euro/MasterCard Total Amount: _____ USD

Card # _____

Expiration Date: _____

Name on Card: _____

Cardholder Signature: _____
(required for charge payments)

Enclosed is check # _____ payable to
AACSB International for _____ USD.
(Payment in U.S. currency, drawn on a U.S. bank)