

AACSB 2012 Deans Conference
GUEST REGISTRATION FORM FOR RECEPTIONS
 February 8-10, 2012 New Orleans, LA, United States

PRINT (in ink) ALL REQUESTED INFORMATION. Use a separate form for each person, duplicate form as needed. Advance event 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.

Date _____

Guest First: _____ MI: _____ Guest Family/Last: _____

School/Organization (if applicable): _____

Address: _____

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

Phone: () _____ Fax: () _____ Email: _____

Conference Attendee Name _____

Organization of Attendee _____

How did you hear about this guest program? _____

Guest Dietary: Low Fat Vegetarian Kosher Shellfish Allergies Other _____ *Requests must be made by January 17, 2012*

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

__ Reception Package** February 8 & 9, 2012 100 USD

***Guest fees do not include the educational sessions. Guest are not permitted to attend conference sessions or meals.*

Register via

1. **FAX** completed registration form with credit card information to +1-813-472-5531. Do not mail form as it cannot be accepted.

Faxed registration cannot be processed without credit card payment.

Payment must accompany your registration form.

U.S. Federal Identification # 43-6036286

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

Card # _____

Expiration Date: _____ Billing Postal Code: _____

Name on Card: _____

Cardholder email: _____

Cardholder Signature: _____
 (required for charge payments)

(Payment will be charged in U.S. currency)