



## AAA ATTENDEE INFORMATION & REGISTRATION FORM

Company: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### CONFERENCE PARTICIPANT(S):

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

### REGISTRATION RATES (rates are **per attendee** - please circle all that apply)

	Quantity	Early <small>(On or before 10/15)</small>	Late <small>(10/16 - 11/20)</small>	Onsite <small>(After 11/20)</small>	Total
<b>Conference registration:</b>					
AAA Member – Single Registration:		\$625	\$740	\$840	
AAA Team Rate (2 or more participants):		\$520	\$580	\$680	
Non-Member Registration:		\$1,200	\$1,430	\$1,530	
Exhibit Hall One Day Pass:		\$100	\$125	\$200	
<b>Total Number of Registrants:</b>					

Looking for added value, become an exhibitor or sponsor! Contact [kalmstedt@the-aaa.org](mailto:kalmstedt@the-aaa.org) for more information!

### MEMBERSHIP FEES (IF APPLICABLE):

Membership Fees, check applicable:  Active  Associate  Affiliate  State Association  
*(see previous page for Membership fees)*

**TOTAL AMOUNT DUE:** \_\_\_\_\_  
*Note: After November 20, 2009, Registrations will only be accepted on-site.*

### PAYMENT INFORMATION:

**Check** *(please make payable to the American Ambulance Association)*  
**Credit Card:**  American Express  MasterCard  Visa  Discover  
 Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
 Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Please note if you have any special dietary restrictions or require any special accommodations to attend the AAA Convention & Tradeshow:  
 \_\_\_\_\_  
 \_\_\_\_\_

**QUESTIONS:**  
 Please look to our website [www.the-aaa.org](http://www.the-aaa.org) to see the most up-to-date information. Should you have any further questions, please email Kim Almstedt, [kalmstedt@the-aaa.org](mailto:kalmstedt@the-aaa.org).

**CANCELLATION POLICY:** To be considered for a refund, requests must be submitted in writing via fax 703-610-0210 or mail on or before **October 15, 2009**. Refund requests will not be accepted after October 15, 2009. Not all requests will be granted. Substitutions for attendees are accepted at any time.

**MAIL TO:**  
**American Ambulance Association**  
 8400 Westpark Drive  
 2nd Floor  
 McLean, VA 22102

**FAX TO:**  
**703-610-0210**