



**The State Association of Accountants, Auditors, and Business Administration
Non-Member Lunch Event Registration**

Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Email Address: _____ Fax Number: _____

Home Phone: _____ Office Phone: _____

SAAABA
P. O. Box 10082
Lansing, MI 48901

DATE: _____

Non-Member \$16.00

DESCRIPTION	UNIT PRICE	TOTAL
Non-Member Event Registration Fee	1	\$16.00

TOTAL AMOUNT DUE