American Accounting Association
2015 CONFERENCE OF THE PUBLIC INTEREST SECTION
March 27-28, 2015 • Crystal City, Virginia

ATTENDEE INFORMATION

Full Name: _____
(PLEASE PRINT) *FIRST NAME* *MIDDLE INITIAL* *LAST NAME*

AAA Member ID#: _____ Nickname for badge: _____

University Name or Affiliation: _____

Mailing Address: ☐ Home ☐ Work _____

City:_____ State: _____ Zip:_____ Country: _____

Email:_____ Phone: ☐ Home ☐ Work _____

REGISTRATION FEE (required) includes name badge (required for admittance to meeting events), meeting program, attendance list, Friday lunch and reception, and continental breakfast and lunch on Saturday.

PI Section Member	Registration Fee - on or before March 2, 2015 Late Registration Fee - after March 2, 2015	$200 $230	 $
Non-PI Section Member	Registration Fee - on or before March 2, 2015 Late Registration Fee - after March 2, 2015	$230 $260	 $
Student **Section Member or Non-Member**	Registration Fee	$35	$

Attendee Special Meal Request: Vegetarian ☐ Vegan ☐ Gluten-Free ☐

OPTIONAL EVENTS – Friday, March 27, 2015:

Public Interest Doctoral Consortium	Must be a doctoral student or faculty with PhD in the last three years.	8:00 a.m. – 12:00 p.m.	$0	$

GUEST TICKETS (optional) - *Paid attendees are welcome to bring a guest to the following social/meal functions for an additional fee. Please indicate below the name of the guest and the specific functions he/she will be attending.*

Guest Name_____
(PLEASE PRINT) *FIRST NAME* *LAST NAME*

Friday Lunch ..... _____ @ $40 $ _____
Friday Reception ..... _____ @ $25 $ _____
Saturday Breakfast ..... _____ @ $25 $ _____
Saturday Lunch ..... _____ @ $40 $ _____
Saturday Reception ..... _____ @ $25 $ _____

Guest Special Meal Request: Vegetarian ☐ Vegan ☐ Gluten-Free ☐

TOTAL ..... $ _____

PAYMENT

Check Enclosed *(payable to AAA)*: ☐ Credit Card *(MC and Visa only, provide information below)*: ☐ MC ☐ Visa ☐ AMEX

Account Number_____ Exp. Date _____

Signature: _____

I agree to pay any late fees assessed if my registration is received after March 2, 2015.

CREDIT CARD BILLING ADDRESS, IF DIFFERENT FROM ABOVE:

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Registration paid by a credit card may be faxed to AAA at (941) 923-4093. Make checks payable to: **American Accounting Association**
Mail registration form and check to: **5717 Bessie Drive, Sarasota, FL 34233-2399**

CANCELLATION POLICY: All cancellations must be received in writing at AAA in order to be processed (email Info@aaahq.org). Cancellation requests received after March 2, 2015 will incur a $25.00 cancellation charge. No refunds will be available for no-shows or cancellations after March 16, 2015.