

**American Accounting Association
2016 FORENSIC ACCOUNTING RESEARCH CONFERENCE
March 4-5, 2016 • Charlotte, North Carolina**

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.

FA Section Member	Registration Fee - on or before February 1, 2016	\$200	
	Late Registration Fee - after February 1, 2016	\$230	\$
Non-FA Section Member	Registration Fee - on or before February 1, 2016	\$230	
	Late Registration Fee - after February 1, 2016	\$260	\$
Student Member or Non-Member	Registration Fee	\$40	\$

Attendee Special Meal Request: Vegetarian Vegan Gluten-Free

OPTIONAL PRE-CONFERENCE WORKSHOP – Friday, March 4, 2016:

Pre-Conference Workshop	<i>From Toy to Tool: Using Data Visualization to Identify Fraud Risk</i> Meeting Registration Required – Eligible for CPE credit	9:00 a.m. – 12:00 p.m.	\$70	\$
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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 \$ _____

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 February 1, 2016.

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 February 1, 2016 will incur a \$25.00 cancellation charge. No refunds will be available for no-shows or cancellations after February 22, 2016.