



# 2016 Midwest Region Meeting Registration

October 20-22, 2016 • Chicago, IL

Name: \_\_\_\_\_ Name for Badge: \_\_\_\_\_  
First Middle Last  
Member ID # \_\_\_\_\_ Rank: \_\_\_\_\_ Title(s)/Role(s): \_\_\_\_\_  
Mailing Address: ☐ Home ☐ Work Company/University: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## A. Meeting Registration

Registration Includes: Name badge, List of Registrants, Proceedings, Thursday and Friday Receptions, Friday and Saturday Continental Breakfast and Friday Lunch.

**AAA Member**, before September 19, 2016 ☐ \$225  
Late Registration after September 19, 2016 ☐ \$250

**AAA Non-Member**, before September 19, 2016 ☐ \$325  
Late Registration after September 19, 2016 ☐ \$350

**Two Year College Faculty** ☐ \$125  
**Professionally Oriented Faculty** ☐ \$125

**Student** ☐ \$80

**First Time Attending a MW Region Meeting** ☐ Yes

**Optional Tour** ☐ \$50

Meeting registration required, eligible for CPE credit

Chicago Mercantile Exchange

Thursday, October 20, 2016

**Total Panel A \$** \_\_\_\_\_

Special Meal Request:

Vegetarian ☐ Vegan ☐ Gluten-Free ☐

## B. Demographic Information

**What is your current primary position:**

Practitioner ☐  
Full Professor ☐  
Associate Professor ☐  
Assistant Professor ☐  
Professor of Practice ☐  
Instructor ☐  
Lecturer ☐  
Clinical Professor ☐  
Doctoral Student ☐  
Master's Student ☐  
Undergraduate Student ☐  
Other: \_\_\_\_\_ ☐

**If you are affiliated with a college or university, please indicate the types of accounting programs your school offers (check all that applies)**

Associate Degree ☐  
Bachelor's Degree ☐  
Master's Degree ☐  
Ph.D. ☐

## C. Guest Tickets (optional for non-meeting attendees only)

*Paid meeting attendees are welcome to bring a guest to the following social/meal functions for an additional fee.*

Friday Lunch, October 21, 2016 ☐ \$35

Friday Reception, October 21, 2016 ☐ \$35

Saturday Continental Breakfast, October 22, 2016 ☐ \$30

**Total Panel C \$** \_\_\_\_\_

**Guest Name**

First Name Last Name

Special Meal Request:

Vegetarian ☐ Vegan ☐ Gluten-Free ☐

## Payment

A. Meeting Registration \$ \_\_\_\_\_

C. Guest Ticket(s) \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

**Cancellation Policy:** All cancellations must be received in writing at AAA in order to be processed (email info@aaahq.org). Cancellation requests received after September 19, 2016 will incur a \$50 cancellation fee. No refunds will be given for cancellations received after October 10, 2016 or for no-shows

**Consent to Use of Photographic Images:** Registration and attendance at, or participation in, an AAA sponsored event constitutes an agreement by the registrant to AAA's use and distribution of the registrant or attendee's image or voice in marketing and promotional pieces, written publications, videos and the association's website for an indefinite period

**Americans with Disabilities Act:** It is the intention of the American Accounting Association to comply fully with the Americans with Disabilities Act (ADA). Members planning to attend this meeting who have special needs, as covered by the ADA, are requested to notify Jean Thompson at jean.thompson@aaahq.org or (941) 921-7747 to facilitate identification and accommodation of these needs by the Association.

☐ Check (payable to: American Accounting Association)

☐ AMEX ☐ MasterCard ☐ VISA

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV Code (on back of card): \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address: ☐ Same as mailing address above

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Signature \_\_\_\_\_