Fax to: 941-923-4093



2017 Midwest Region Meeting Registration

October 26-28, 2017 • Chicago, IL

Name:				Name for Badge:	
First	First Middle		LastTitle(s)/Role(s):		
Mailing Address: 🗖 Home		rsity:		_Title(s)/Role(s).	
ity:State/Province:			Country:		
Phone:	Fax:		_Cell:	Email:	
A. Meeting Reg	istration	E	3. Demographic	Information	
Thursday and Friday Recepti Breakfast and Friday Lunch. AAA Member, before Sep Late Registration AAA Non-Member, before Late Registration Two Year College Facult Professionally Oriented Student First Time Attending a Noptional Tour Meeting registration required The Art Institute of Chicago Thursday, October 26, 20 Optional Pre-Conference Meeting registration required Accounting IS Big Data: A Hothursday, October 26, 20 Thursday, October 26, 20 Thursday, October 26, 20	a after September 25, 2017 be September 25, 2017 con after September 25, 2017 by Faculty IW Region Meeting condition of the control of the c	\$225 \$250 \$250 \$325 \$350 \$125 \$125 \$80 \$50 \$50 \$10	Phat is your current print Practitioner Full Professor Associate Professor Assistant Professor Professor of Practice Instructor Lecturer Clinical Professor Doctoral Student Master's Student Undergraduate Student Other:	mary position:	
Special Meal Request: Vegetarian □ Vegan □	Gluten-Free □				
C. Guest Tickets (op	otional for non-meeti	ng attendee	es only)		
Paid meeting attendees a ing social/meal functions	are welcome to bring a gue for an additional fee.	st to the follow-	- Guest Name		
Friday Lunch, October 27 Friday Reception, Octobe Saturday Continental Bre			First Name Special Meal Reques Vegetarian □ Vegan		
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 25, 2017 will incur a \$50 cancellation fee. No refunds will be given for cancellation fee.		☐ AMEX ☐ MasterC Card Number Exp. Date	□ 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		
cancellations received after October 16, 2017 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			City:State/Province: Zip/Postal Code:Country: Signature		

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. Mail checks to: American Accounting Association, 9009 Town Center Parkway, Lakewood Ranch, 34202