

## 2017 Northeast Region Meeting Registration

October 19-21, 2017 • Providence, RI

Name:				Name for Badge:	•	
First	Middle		Last	-		
lember ID # Rank:						
Street:						
City:	y:State/Province:		Zip/Postal Code:	Country:		
Phone:	Fax:		Cell:	Email:		
A. Meeting Reg	istration		B. Demographic	Information		
Registration Includes: Name badge, List of Registrants, Program, Thursday and Friday Receptions, Friday and Saturday Continental Breakfast and Friday Lunch.  AAA Member, before September 18, 2017			What is your current prime Practitioner Full Professor Associate Professor	nary position:		
	after September 18, 2017		Assistant Professor		_	
AAA Non-Member, before September 18, 2017 ☐ \$32  Late Registration after September 18, 2017 ☐ \$35		□ \$325 7 □ \$350	Professor of Practice Instructor			
Two Year College Facult Professionally Oriented		□ \$125 □ \$125	Lecturer			
Student  Optional Pre-Conference Workshop		□ \$80	Clinical Professor  Doctoral Student			
		□ \$100	Master's Student			
Meeting registration required, eligible for CPE credit Accounting IS Big Data: A How-To Workshop			Undergraduate Student Other:			
Thursday, October 19, 2017,		□ ¢0				
I am a Ph.D. Student and will attend the lunch for Ph.D. students on Saturday, October 21st, from 12:30 pm - 2:30 pm		<b>□</b> \$0	If you are affiliated with a college or university, please indicate the types of accounting programs your school offers (check all that applies)			
First Time Attending a N	E Region Meeting	□ Yes	Associate Degree Bachelor's Degree			
IUlai Failei A J			Master's Degree			
Special Meal Request: Vegetarian ☐ Vegan ☐	Gluten-Free □		Ph.D.			
C. Guest Tickets (o	ptional for non-mee	ting attend	ees only)			
Paid meeting attendees a ing social/meal functions t	re welcome to bring a gue					
Friday Lunch, October 20 Friday Reception, Octobe Saturday Continental Brea	r 20, 2017 akfast, October 21, 2017	□ \$35 □ \$35 □ \$30	First Name	Last Name		
Payment						
A. Meeting Registration	\$		☐ Check (payable to: /	American Accounting Association	n)	
C. Guest Ticket(s) \$			□ AMEX □ MasterCard □ VISA Card Number  Exp. Date CVV Code (on back of card):			
	TOTAL \$		Exp. Date	CVV Code (on back of card):		
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 18, 2017 will incur a \$50 cancellation fee. No refunds will be given for cancellations received after October 9, 2017 or for no-shows.			Name on card:	Name on card:  Billing Address: □ Same as mailing address above  ———————————————————————————————————		
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 of time.			City: Zip/Postal Code: Signature	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.