Fax to: 941-923-4093



## **2017 Western Region Meeting Registration**April 6 - 8, 2017 • San Francisco, CA

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Name: First Middle		Name for Badge:			
First Member ID # F	Middle Rank:	Last	_Title(s)/Role(s):		
Mailing Address: ☐ Home ☐ Work Col	mpany/University:				
Street:					
City:State/Province:					
Phone:Fax IMPORTANT:	::	Cell:	Email:		
IMPORTANT: ☐ Check here if any of the Are you a new Department Chair? ☐	he above information is n	new. 🗖 Tenured	d □ Tenure Track □ Nor	n-Tenure Track	
A. Meeting Registration	1	B. Demographic	c Information		
Registration Includes: Name badge, List of Registrants, Proceedings, Thursday and Friday Receptions, Friday and Saturday Continental Breakfast and Friday Lunch.		What is your current pri Practitioner Full Professor	imary position:		
<b>AAA Member,</b> before March 6, 2017  Late Registration after March 6	□ \$225 6, 2017 □ \$250	Associate Professor Assistant Professor			
<b>AAA Non-Member</b> , before March 6, 20 Late Registration after March 6		Professor of Practice Instructor Lecturer			
Two Year College Faculty Professionally Oriented Faculty Student	□ \$125 □ \$125 □ \$80	Clinical Professor Doctoral Student Master's Student Undergraduate Student			
Optional Tour Meeting registration required, eligible for CP Historic San Francisco City Hall Thursday, April 6, 2017  Total I Special Meal Request: Vegetarian  V	□ \$50	Other:  If you are affiliated with indicate the types of according to the control of the control	a college or university, pl counting programs your s	lease	
C. Guest Tickets (optional for	non-meeting attend			_	
Paid meeting attendees are welcome to ing social/meal functions for an addition Friday Lunch, April 7, 2017 Friday Reception, April 7, 2017 Saturday Continental Breakfast, April 8, Total I	nal fee. □ \$35 □ \$35	First Name  Special Meal Request:  Vegetarian  Vegan	Last Name  Gluten-Free □		
Payment					
A. Meeting Registration     C. Guest Ticket(s)     TOTAL	\$ \$ <b>\$</b>	☐ AMEX ☐ Master(	☐ Check (payable to: American Accounting Association) ☐ AMEX ☐ MasterCard ☐ VISA		
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 6, 2017 will incur a \$50 cancellation fee. No refunds will be given for cancellations received after March 27, 2017 or for no-shows.		Card Number Exp. Date Name on card: 7, Billing Address: □ Sa	ard Number CVV Code (on back of card): ame on card: Illing Address: □ Same as mailing address above		
Consent to Use of Photographic Images Registration and attendance at, or participation in, an agreement by the registrant to AAA's use and d attendee's image or voice in marketing and promo videos and the association's website for an indefin	City:Zip/Postal Code:Signature	State/Province: Country:			

## 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.