

**American Accounting Association  
2015 GOVERNMENT AND NONPROFIT SECTION  
MIDYEAR CONFERENCE  
March 27-28, 2015 • Detroit, MI**

**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 and attendance list, breakfasts and lunches on Friday and Saturday and dinner on Friday.

|   |   |       |    |
|---|---|-------|----|
| <b>GNP Member</b>                         | Registration Fee - on or before February 23, 2015 | \$175 | \$ |
|   | Late Registration Fee - after February 23, 2015   | \$225 | \$ |
| <b>Non-GNP Member</b>                     | Registration Fee - on or before February 23, 2015 | \$225 | \$ |
|   | Late Registration Fee - after February 23, 2015   | \$275 | \$ |
| <b>Doctoral Student Member/Non-Member</b> | Registration Fee                                  | \$75  | \$ |

Attendee Special Meal Request: Vegetarian ☐ Vegan ☐ Gluten-Free ☐

**GUEST TICKETS (optional for non-meeting attendees only)**

*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

Guest Ticket for Friday Dinner, March 27 ..... @ \$50 \$ \_\_\_\_\_

Guest Special Meal Request: Vegetarian ☐ Vegan ☐ Gluten-Free ☐

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

**PAYMENT**

Check Enclosed (payable to AAA): ☐ Credit Card (American Express, MC and Visa only, provide information below):

☐ AMEX    ☐ MC    ☐ Visa

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

*I agree to pay any late fees assessed if my registration is received after February 24, 2014.*

**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](mailto:Info@aaahq.org)). Cancellations received after February 23, 2015 will incur a \$50 cancellation charge. No refunds will be available for no-shows or cancellations after March 16, 2015.