

2015 Northeast Region Meeting Registration

October 22-24, 2015 • Providence, RI

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 21, 2015 \$200
Late Registration after September 21, 2015 \$225

AAA Non-Member, before September 21, 2015 \$300
Late Registration after September 21, 2015 \$325

Two Year College Faculty \$100
Professionally Oriented Faculty \$100

Doctoral Student \$80
I am a Ph.D. Student and will attend the lunch for Ph.D. students on Saturday, October 4th, from 12:30 pm - 2:30 pm \$0

First Time Attending a NE Region Meeting Yes

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 23, 2015 \$35
Friday Reception, October 23, 2015 \$35
Saturday Continental Breakfast, October 24, 2015 \$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 21, 2015 will incur a \$35 cancellation fee. No refunds will be given for cancellations received after October 12, 2015 or for no-shows.

Consent to Use of Photographic Images: Registration and attendance at, or participation in, an AAAsponsored 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.

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 Stephanie Glaser at stephanie@aaahq.org or (941) 921-7747 to facilitate identification and accommodation of these needs by the Association.

<input type="checkbox"/> Check (payable to: American Accounting Association) <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA Card Number _____ Exp. Date _____ CVV Code (on back of card): _____ Name on card: _____ Billing Address: <input type="checkbox"/> Same as mailing address above _____ City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____ Signature _____
