



2016 Northeast Region Meeting Registration

October 6-8, 2016 • Quincy, MA

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, Program, Thursday and Friday Receptions, Friday and Saturday Continental Breakfast. Due to advance meal guarantees, a Friday Lunch ticket will be provided if available.

AAA Member, before September 5, 2016 \$225
Late Registration after September 5, 2016 \$250

AAA Non-Member, before September 5, 2016 \$325
Late Registration after September 5, 2016 \$350

Two Year College Faculty \$125
Professionally Oriented Faculty \$125

Student \$80
I am a Ph.D. Student and will attend the lunch for \$0
Ph.D. students on Saturday, October 8th, from
12:30 pm - 2:30 p.m.

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 7, 2016 \$35
Friday Reception, October 7, 2016 \$35
Saturday Continental Breakfast, October 8, 2016 \$30
Total Panel C \$ _____

Guest Name

First Name _____

Last Name _____

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 5, 2016 will incur a \$50 cancellation fee. No refunds will be given for cancellations received after September 26, 2016 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 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 Jean Thompson at jean.thompson@aaahq.org or (941) 921-7747 to facilitate identification and accommodation of these needs by the Association.

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

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Signature _____