

American Accounting Association
2016 CONFERENCE OF THE PUBLIC INTEREST SECTION
April 1 - 2, 2016 • Orlando (Winter Park), Florida

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, attendance list, Friday lunch and reception, and continental breakfast and lunch on Saturday.

PI Section Member	Registration Fee - on or before February 29, 2016	\$200	
	Late Registration Fee - after February 29, 2016	\$230	\$
Non-PI Section Member	Registration Fee - on or before February 29, 2016	\$230	
	Late Registration Fee - after February 29, 2016	\$260	\$
Student Section Member or Non-Member	Registration Fee	\$35	\$

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

OPTIONAL EVENTS – Friday, April 1, 2016:

Public Interest Section Doctoral Student and Early Scholar Consortium	Must be a PhD student or PhD graduate within the past three years.	8:00 a.m. – 12:00 p.m.	\$0	\$
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GUEST TICKETS (optional) - 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

Friday Lunch @ \$40 \$ _____

Friday Reception @ \$25 \$ _____

Saturday Breakfast @ \$25 \$ _____

Saturday Lunch @ \$40 \$ _____

Saturday Reception @ \$25 \$ _____

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

TOTAL \$ _____

PAYMENT

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

Account Number _____ Exp. Date _____

Signature: _____

I agree to pay any late fees assessed if my registration is received after February 29, 2016.

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). Cancellation requests received after February 29, 2016 will incur a \$25.00 cancellation charge. No refunds will be available for no-shows or cancellations after March 21, 2016.