## American Accounting Association 2016 AUDITING SECTION MIDYEAR MEETING January 14 – 16, 2016 • Scottsdale, Arizona

## 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, breakfasts and lunches on Friday and Saturday, and Thursday, Friday and Saturday receptions.

Auditing Section Member	Registration Fee - on or before December 14, 2015	\$295	
	Late Registration Fee - after December 14, 2015	\$325	\$
Non-Auditing Section Member*	Registration Fee - on or before December 14, 2015	\$345	
	Late Registration Fee - after December 14, 2015	\$375	\$
AAA Student Member	Registration Fee - on or before December 14, 2015	\$200	
	Late Registration Fee - after December 14, 2015	\$230	\$
	NOTE: This registration fee is for the Midyear Meeting but NOT for the		
	Auditing Doctoral Consortium. If you wish to attend the Consortium, you must		
	apply separately and you will be notified later as to whether your application		
	has been approved.		

Attendee Special Meal Request: Vegetarian 🛛 Vegan 🖾 Gluten-Free 🗖

\*Members of the American Accounting Association who are not already members of the Auditing Section may allocate \$50 of their registration fee to join the Auditing Section. Membership in the Auditing Section includes subscriptions to *Auditing: A Journal of Practice & Theory* and the Section's newsletter. Indicate here if you are a current member of the AAA and would like to allocate \$50 of your registration fee to join the Auditing Section.

## **OPTIONAL EVENT - Thursday, January 14 (Meeting Registration Required):**

Excellence in Auditing	g Education Workshop 1	.:00 PM - 5:00 PN	Λ			\$75	\$
	onal) - Paid attendees are warms of the guest and the sp	-	-		al/meal functions	for an ada	litional fee. Please
Guest Name						_	
(PLEASE PRINT)	FIRST NAME			LAST NAME		- 4	
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	unch					-	\$
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Guest Special Meal K			Glute				
TOTAL							\$
PAYMENT Check Enclosed (pa Credit Card (MC, Visa a)	yable to AAA) and AMEX only, provide info	ormation below):	: 🗆 мс	□ Visa □ AMEX			
Account Number					Exp. Date		
Signature:							
	l agree to pay any la	ite fees assessed if	my registro	ntion is received after	December 14, 2015.		
	ADDRESS, IF DIFFERENT FF						
City:		State:	Zip:	Co	ountry:		
• • •	credit card may be faxed to and check to: <b>5717 Bessie</b>				e to: American A	ccounting	Association

**CANCELLATION POLICY:** All cancellations must be received in writing at AAA in order to be processed (email <u>Info@aaahq.org</u>). Cancellation

requests received after December 14, 2015 will incur a \$50.00 cancellation charge. No refunds will be available for no-shows or cancellations after January 4, 2016.