American Accounting Association

# 2021 AAA Annual Meeting Change/Add-On Form

This form to be used **only** by those who have already registered for the Annual Meeting.

2021 Annual Meeting, August 2–5
2021 Pre-Conference Workshops & Symposia, July 29–30
2021 Conference on Teaching and Learning, July 8–9

If you need to make an addition to an Annual Meeting or CTLA registration that has already been processed, you may do so by submitting this form via fax or mail. Forms must be received by July 12, 2021. **All additions are based on availability.**

Name: _____ _____ _____ Member ID # : _____
First Middle Last

Affiliation: _____ Email: _____ Phone: _____

## A. Pre-Conference Workshops & Symposia, July 29–30 (optional)

**Ethics Research Symposium (Thursday, July 29, 2021 and Friday, July 30, 2021, 11:00 am–5:00 pm EDT)** ..... @ $120 $_____

**Thursday, July 29, 2021**

10:00 am–12:00 pm EDT (#1, #2) ..... Workshop #_____ @ $50 $_____
10:00 am–2:00 pm EDT (#3) ..... Workshop #_____ @ $100 $_____
9:00 am–3:00 pm EDT (#4) ..... Workshop #_____ @ $50 $_____
1:00 pm–5:00 pm EDT (#5) ..... Workshop #_____ @ $100 $_____
2:00 pm–6:00 pm EDT (#6, #7) ..... Workshop #_____ @ $100 $_____

**Friday, July 30, 2021**

10:00 am–12:00 pm EDT (#8, #9) ..... Workshop #_____ @ $50 $_____
11:00 am–5:00 pm EDT (#10, #11) ..... Workshop #_____ @ $150 $_____
1:00 pm–3:00 pm EDT (#12, #13, #14) ..... Workshop #_____ @ $50 $_____
1:00 pm–5:00 pm EDT (#15, #16, #17) ..... Workshop #_____ @ $100 $_____

**Total Panel A $** _____

## B. Conference on Teaching & Learning in Accounting, July 8–9 (optional)

**CTLA Registration Fee** includes Program and list of participants in PDF format, and CPE credit hours.
**CTLA Registration Fee (Early Registration by June 30)** ..... **$120** $ _____
**CTLA Registration Fee (Registration after June 30)** ..... **$150** $ _____

## Payment

A. Pre-Conference Workshops & Symposia ..... $_____
B. Conference on Teaching & Learning in Accounting ..... $_____

**TOTAL $**_____

☐ Check (payable to: American Accounting Association)
☐ American Express ☐ MasterCard ☐ VISA
Name on Card: _____
Card Number: _____
**Exp. Date:** _____ **CVV Code**: _____
Signature: _____
Billing Address: _____
City: _____ State/Province: _____ **Zip/Postal Code:** _____ Country: _____

**Fax to: 941-923-4093 or Mail to AAA, 9009 Town Center Parkway, Lakewood Ranch, FL 34202 or email to ar@aaahq.org.**