



Attendee Information (please print)			
Full Name:			
AAA Member ID#:			
University Name or Affiliation:			
Address:			
City:	State:	Zip:	Country:
Telephone:		Email:	

**REGISTRATION FEE (required) includes Conference Registration, Program in PDF format, List of Participants, and CPE credit hours.**

AAA Member	\$100	\$
AAA Student Member	\$25	\$
Non-AAA Member	\$200	\$
<b>Total</b>		\$

**Contact Permission (required)** Please visit <http://aaahq.org/privacy> to read our Privacy Policy and Terms & Conditions  
The AAA will periodically send email communications to members regarding upcoming meetings, Section and Region news, and announcements. At any time, you may unsubscribe or opt-out of receiving emailed offers and services. Please answer each of the following two questions:

**AAA offers and services subscription** - I would like to receive emails from the AAA about offers and services. You may unsubscribe from marketing emails at any time.

Yes  No

**Third party subscription** - I would like to receive emails from trusted third-party partner organizations (AAA Meeting sponsors and exhibitors). You may unsubscribe from marketing emails at any time.

Yes  No

**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, voice, or video in marketing and promotional pieces, written publications, videos and the association's website for an indefinite period of time.

Method of Payment		
<input type="checkbox"/> Check (payable to <b>American Accounting Association</b> ) <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA		
Name on Card:		
Signature:		
Card No.:	Exp. Date:	CVV/Security Code:
Telephone:	Email:	
Credit Card Billing Address (if different from above):		
City:	State:	Zip:

Registration paid by credit card may be faxed to AAA at (941) 923-4093: Mail registration form and check to:

**American Accounting Association**  
9099 Town Center Parkway  
Lakewood Ranch, FL 34202-4165

**CANCELLATION POLICY:** All cancellations must be received in writing. Send cancellation requests to the AAA at the address above or email them to [Info@aaahq.org](mailto:Info@aaahq.org). No refunds will be available for no-shows or cancellations after May 22, 2023.

**AMERICANS WITH DISABILITIES ACT:** The American Accounting Association intends to comply fully with the Americans with Disabilities Act (ADA). Meeting attendees who have special needs, as covered by the ADA, are requested to notify Jean Thompson at the American Accounting Association, [jean.thompson@aaahq.org](mailto:jean.thompson@aaahq.org) or (941) 556-4114 to facilitate identification and accommodation of these needs by the Association.