

Attendee Information (please pr	int)						
Full Name:							
AAA Member ID#:		Nickname:					
University Name or Affiliation:							
Address:							
City: St		e: Zip: Country:					
Telephone:		Email:					
Registration Deadline: Saturd REGISTRATION FEE (required) includ Friday, Lunch on Friday and Saturday	es conferer	ce registratio	on, name badge (requir		vents), Breakfa	st on	
Leadership in Accounting	-	ation Fee, on or before January 2, 2024		\$425	\$		
Education Section Member	Late Reg	istration Fee	\$475	Ŷ			
AAA Member	-	tion Fee, on	\$475 \$525	\$			
Non-AAA Member	Registra	istration Fee tion Fee, on istration Fee	\$575 \$625	\$			
Multiple Academic Institutions Re					\$375	\$	
Each Additional Registration Fee fo	\$375 \$425	Ş					
Each Additional Registration Fee fo	φ 1 <u>2</u> 5						
Multiple Academic Institutions Registration (sending more than one attendee)\$525Each Additional Registration Fee for a non-AAA Member, on or before January 2, 2024\$575Each Additional Registration Fee for a non-AAA Member, after January 2, 2024\$575						\$	
TOTAL						\$	

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

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:

1. 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

2. 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				
Method of Payment				
Check (payable to American Accounting Associa	ation)	American Express	MasterCard UISA	
Name on Card:				
Signature:				
Card No.:			Exp. Date:	
Telephone:		Email:		
Credit Card Billing Address (if different from above):				
City:	State:		Zip:	
Registration haid by credit card may be faxed to AAA at (9/1)	023-100	3: Mail registration form and	heck to: American Accounting Association	000

egistration paid by credit card may be faxed to AAA at (941) 923-4093: Mail registration form and check to: American Accounting Association, 9009 Town Center Parkway, Lakewood Ranch, FL 34202-4165

CANCELLATION POLICY All cancellations must be received in writing at the AAA in order to be processed. (Email <u>info@aaahq.org</u>). Cancellations received after January 2, 2024 will incur a \$50 cancellation charge. No refunds will be available for cancellations after January 30, 2024 or for no-shows.