

**American Accounting Association**  
**Auditing Section 2005 Mid-Year Conference including the AJPT 25<sup>th</sup> Anniversary Conference**  
**January 13 - 15, 2005 – New Orleans, LA**  
**Registration Form**

Member ID#: \_\_\_\_\_ Full Name: \_\_\_\_\_

Nickname for badge: \_\_\_\_\_

University Name or Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Early Registration for Auditing Section Member (on or before December 12, 2004).....	\$150.00	_____
Auditing Section Member (after December 12, 2004).....	\$170.00	_____
Non-Member of Auditing Section*.....	\$185.00	_____
Doctoral Student		
Registration for Meeting <b>only</b> .....	\$ 25.00	_____
Registration for Meeting <b>and</b> Auditing Doctoral Consortium on January 13, 2005 .....	\$ 25.00	_____
Registration for Auditing Doctoral Consortium on January 13, 2005 <b>only</b> .....	\$ .00	_____

**Total Amount Paid: \$** \_\_\_\_\_

(Fee includes registration for the meeting and conference, and all meals and receptions from Thursday through Saturday.)

\_\_\_\_\_ I plan to attend the AJPT 25<sup>th</sup> Anniversary Conference and the Thursday luncheon (You must check this if you plan to attend. Tickets to these sessions will be required.)

\_\_\_\_\_ I plan to attend the Thursday buffet dinner / welcome (reception).

\_\_\_\_\_ I plan to attend the Friday luncheon.

\_\_\_\_\_ I plan to attend the Saturday luncheon.

\_\_\_\_\_ I plan to attend the Saturday closing reception.

\_\_\_\_\_ I request vegetarian meals.

\*Members of the American Accounting Association who are not already members of the **Auditing Section** may allocate \$35 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.

\_\_\_\_\_ I am an American Accounting Association member and would like to allocate \$35 of my registration fee to join the Auditing Section.

I agree to pay any late fees assessed if my registration is received after December 12, 2004.

Card Number for VISA or MC (only) \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Signature: \_\_\_\_\_

If you are paying by credit card, you can fax this form to: (941) 923-4093. If paying by check, please make check payable to the American Accounting Association and mail along with the completed application form to the:

American Accounting Association  
 5717 Bessie Drive  
 Sarasota, FL 34233-2399

**Cancellation Policy**

All cancellations must be received in writing at AAA in order to be processed. Cancellation requests received after December 12<sup>th</sup> will incur a \$25 cancellation charge. No refunds will be available for cancellations after January 6, or for no-shows.

The American Accounting Association intends to comply fully with the Americans with Disabilities Act (ADA). Any members planning to attend this meeting who have special needs, as covered by the ADA, are requested to notify Debbie Gardner at the American Accounting Association, [Debbie@aaahq.org](mailto:Debbie@aaahq.org) or (941) 556-4101 to facilitate identification and accommodation of these needs by the Association.