

**Information Systems Section Mid-Year Meeting (January 11-12, 2008)  
and AIS New Scholar Consortium (January 9-10, 2008)  
Crowne Plaza Hotel – Redondo Beach, California**

NAME \_\_\_\_\_ MEMBER ID# \_\_\_\_\_  
(Print FIRST NAME MIDDLE INITIAL LAST NAME) (from mailing label)

NICKNAME (for badge) \_\_\_\_\_ GUEST'S NAME (if attending) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

EMPLOYER (ORGANIZATION) \_\_\_\_\_

TELEPHONE HOME ( ) \_\_\_\_\_ OFFICE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_

Registration includes Friday and Saturday continental breakfasts, Friday and Saturday lunches. Please check if you need vegetarian meals: \_\_\_\_ .

IS Section member registration fee .....	\$225	_____
Non-member IS Section registration fee .....	\$250	_____
Doctoral Student IS member registration fee .....	\$0	_____
Doctoral Student non IS member registration fee .....	\$20	_____
SMAP (CPE on January 10, 8:00 am – 5:30 pm) .....	\$120	_____
Late fee (after December 10, 2007) .....	\$25	_____

**Guest Tickets:**

Friday Breakfast .....	_____ @ \$25	_____
Friday Lunch .....	_____ @ \$30	_____
Saturday Breakfast .....	_____ @ \$25	_____
Saturday Lunch .....	_____ @ \$30	_____

**Total**

**AIS New Scholar Consortium, Thursday, January 10, 8:00 am – 5:30 pm:** Open to doctoral students and 1<sup>st</sup> and 2<sup>nd</sup> year AIS assistant professors.

If you are a doctoral student who is a member of the IS Section please indicate below what you will attend.

- I will attend the Consortium.                       I will attend the IS Conference.

If you are a 1<sup>st</sup> or 2<sup>nd</sup> year assistant professor in the IS Section, will you attend the AIS New Scholar Consortium?

- Yes                                       No

**Checks** should be made payable to the American Accounting Association and mailed to 5717 Bessie Drive, Sarasota, FL 34233-2399.

**Credit Card Information:**

AAA only accepts MasterCard or Visa. Please indicate which card you are using:    MasterCard     Visa

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I agree to pay any late fees assed if my registration is received after December 10, 2007.

Credit Card Billing Address if different from above:

\_\_\_\_\_  
 \_\_\_\_\_

**Cancellation Policy:**

All cancellations must be received in writing at AAA. Cancellation requests received after December 10, 2007 will incur a \$25 cancellation charge. No refunds will be available for cancellations after December 31, 2007 or for no-shows.