

American Accounting Association
2010 AUDITING SECTION MIDYEAR CONFERENCE
January 14 – 16, 2010 • San Diego, California

ATTENDEE INFORMATION

Full Name: _____
(PLEASE PRINT) FIRST NAME MIDDLE INITIAL LAST NAME

AAA Member ID#: _____ Nickname for badge: _____

University Name or Affiliation: _____

Mailing Address: Home Work _____

City: _____ State: _____ Zip: _____ Country: _____

Email: _____ Phone: Home Work _____

Registration Fee includes name badge (required for admittance to events), continental breakfasts and lunches on Friday and Saturday, and Friday reception. The early registration deadline is December 14, 2009.

Early Registration for Auditing Section Member (on or before December 14, 2009) \$195.00 _____
 Auditing Section Member (after December 14, 2009) \$225.00 _____
 Student (if attending the Auditing Doctoral Consortium, indicate your attendance below, #1) \$ 25.00 _____
 Non-Member of Auditing Section* \$235.00 _____

*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 AAA member and want to allocate \$35 of my registration fee to join the Auditing Section.

Attendee Special Meal Request: Vegetarian Vegan Gluten-Free

Thursday, January 14, 2010, Consortium/Workshop (optional)

1 Auditing Doctoral Consortium (must be a Doctoral Student), 8:00 AM – 5:15 PM @ \$0 _____
 2 Audit Education Workshop, 12:30 PM - 5:15 PM @ \$30 _____

GUEST TICKETS (optional)

Paid attendees are welcome to bring a guest to the following social/meal functions for an additional fee. Please indicate below the name of the guest and the specific functions he/she will be attending.

Guest Name _____
(PLEASE PRINT) FIRST NAME LAST NAME

Thursday Reception @ \$35 _____
 Friday Breakfast @ \$25 _____
 Friday Lunch @ \$40 _____
 Friday Reception @ \$25 _____
 Saturday Breakfast @ \$25 _____
 Saturday Lunch @ \$40 _____
 Saturday Reception @ \$35 _____

Guest Special Meal Request: Vegetarian Vegan Gluten-Free

Total Amount Paid: _____ \$ _____

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

Signature: _____

I agree to pay any late fees assessed if my registration is received after December 14, 2009

Credit Card Billing Address if different from above:

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

Cancellation Policy: All cancellations must be received in writing at AAA to be processed. Cancellation requests received after December 14, 2009 will incur a \$50 cancellation charge. No refunds will be available for cancellations after January 4, 2010, or for no-shows.