

**American Accounting Association
International Accounting Section 2010 Mid-Year Conference
January 28 – 30, 2010– Palm Springs, 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), and all meals and receptions indicated in the program beginning with the Thursday evening reception.

REGISTRATION FEES:

IAS Member Early Registration for Midyear Conference (on or before December 28, 2009) \$175.00 _____

IAS Member Registration for Midyear Conference (after December 28, 2009) \$200.00 _____

Non-IAS Member Registration for Midyear Conference* \$210.00 _____

*Members of the American Accounting Association who are not already members of the **International Accounting Section** may allocate \$35 of their registration fee to **join the IAS**. Membership in the IAS includes an electronic subscription to the *Journal of International Accounting Research*. Indicate here if you are a current member of the American Accounting Association and would like to allocate \$35 of your registration fee to join the **International Accounting Section**.

CPE Workshop (optional)

IFRS (Thursday, January 28th), 4:00 - 5:40 PM @ \$25.00 _____

Attendee Special Meal Request: Vegetarian Vegan Gluten-Free

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 @ \$35.00 _____

Friday Lunch @ \$30.00 _____

Friday Reception @ \$45.00 _____

Saturday Breakfast @ \$25.00 _____

Saturday Lunch @ \$30.00 _____

Total Amount Paid: \$ _____

Guest Special Meal Request: Vegetarian Vegan Gluten-Free

PAYMENT

Check Enclosed (payable to AAA): Credit Card (MC and Visa only, provide information below): MC Visa

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

Name on Credit Card: _____ Signature: _____

I agree to pay any late fees assessed if my registration is received after December 28, 2009.

Credit Card Billing Address if different from above:

Registration paid by a credit card may be faxed to AAA at (941) 923-4093. Make checks payable to: **American Accounting Association** and mail with form to: **5717 Bessie Drive, Sarasota, FL 34233-2399**

Cancellation Policy - Cancellation must be received in writing at AAA(office@aaahq.org). Cancellation requests received after December 28, 2009 will incur a \$25 cancellation charge. No refunds will be available for cancellations after January 18, 2010, or for no-shows.