

**AMERICAN ACCOUNTING ASSOCIATION**  
**Information Systems Section Mid-Year Meeting and AIS New Scholar Information Conference**  
**January 7 – 9, 2010 • Hilton Clearwater Beach • Clearwater Beach, Florida**

**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 FEES**

**Mid-Year Conference Registration Fee** includes Friday and Saturday continental breakfasts, Friday and Saturday lunches, and Friday evening dinner:

IS Section or SET Section member .....	\$225	_____
Not a member of IS nor SET Section .....	\$255	_____
Doctoral Student IS member .....	\$0	_____
Doctoral Student non IS member .....	\$50	_____
Late fee (after December 8, 2009) .....	\$45	_____

Attendee Special Meal Request: Vegetarian  Vegan  Gluten-Free

**Thursday, January 7**

<b>CPE Workshop on Automating Internal Controls (1:30-5:30)</b> .....	\$25	_____
<b>AIS New Scholar Information Conference (AIS/NSIC)</b> (Open to students interested in pursuing an AIS PhD, doctoral students, and 1 <sup>st</sup> and 2 <sup>nd</sup> year AIS assistant professors.)	\$0	

If you are a **Student**, please indicate below what you will attend:

- I will attend the AIS/NSIC.  I will attend the IS Conference.

If you are a 1<sup>st</sup> or 2<sup>nd</sup> year **Assistant Professor in the AAA IS Section**, please specify:

- I will attend the AIS/NSIC  I will not attend the AIS/NSIC.

**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 Evening Reception .....	_____ @ \$25	_____
Friday Lunch .....	_____ @ \$30	_____
Friday Evening Reception .....	_____ @ \$60	_____
Saturday Lunch .....	_____ @ \$30	_____

Guest Special Meal Request: Vegetarian  Vegan  Gluten-Free

**Total**

**PAYMENT**

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

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

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

*I agree to pay any late fees assessed if my registration is received after December 8, 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**. Mail registration form and check to: **5717 Bessie Drive, Sarasota, FL 34233-2399**

**CANCELLATION POLICY.** All cancellations must be received in writing at AAA in order to be processed (email [Office@aaahq.org](mailto:Office@aaahq.org)). Cancellation requests received after December 8, 2009 will incur a \$25.00 cancellation charge. No refunds will be available for no-shows or cancellations after December 28, 2009.