

**AMERICAN ACCOUNTING ASSOCIATION**  
**Information Systems Section Mid-Year Meeting and AIS New Scholar Consortium**  
**January 6 – 8, 2011 • Intercontinental Buckhead - Atlanta • Atlanta, Georgia**

**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 Meeting Registration Fee** includes name badge (required for admittance to meeting events), meeting program, attendance list, Friday and Saturday continental breakfasts, Friday and Saturday lunches, and Friday evening reception:

- IS Section or SET Section member **(on or before December 6, 2010)** ..... \$25 \_\_\_\_\_
  - Not a member of IS nor SET Section **(on or before December 6, 2010)** ..... \$25 \_\_\_\_\_
  - Doctoral Student – must be IS member **(on or before December 6, 2010)** ..... \$0 \_\_\_\_\_
  - Late fee **(after December 6, 2010)** ..... \$25 \_\_\_\_\_
- Attendee Special Meal Request: Vegetarian  Vegan  Gluten-Free

**Thursday, January 6**

- Workshop on IT Governance and Assurance (WITGA)** 1:00 p.m. – 5:30 p.m. .... \$25 \_\_\_\_\_
- AIS New Scholar Consortium (AIS/NSC)**  
 (Open to doctoral students, and 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year AIS assistant professors) ..... \$0 \_\_\_\_\_

If you are a **Student in the AAA IS Section**, please indicate below:

- I will attend the AIS/NSC.
- I will **not** attend the AIS/NSC.

If you are a 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> year **Assistant Professor in the AAA IS Section**, please specify:

- I will attend the AIS/NSC
- I will **not** attend the AIS/NSC.

**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 ..... @ \$45 \_\_\_\_\_
- Saturday Lunch ..... @ \$30 \_\_\_\_\_

Guest Special Meal Request: Vegetarian  Vegan  Gluten-Free

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

**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 6, 2010.*

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 [Info@aaahq.org](mailto:Info@aaahq.org)). Cancellation requests received after December 6, 2010 will incur a \$25.00 cancellation charge. No refunds will be available for no-shows or cancellations after December 27, 2010.