

**American Accounting Association  
Management Accounting Section Research and Case Conference  
January 6-8, 2011 • Atlanta, Georgia**

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 meeting events), meeting program, attendance list, two continental breakfasts, Friday and Saturday lunches, and Thursday and Friday receptions. The opening conference reception on Thursday, January 6th, starts at 6:00 p.m. The program begins at 8:30 a.m. on Friday, January 7th, and ends at 3:00 p.m. on Saturday, January 8th.

MAS Member Early Registration Fee (on or before December 6, 2010): ..... \$300 \_\_\_\_\_

Non-MAS Member Registration Fee (on or before December 6, 2010): ..... \$330 \_\_\_\_\_

Late fee (after December 6), add: ..... \$30 \_\_\_\_\_

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

Guest Ticket for Friday Lunch, January 7 ..... @ \$30 \_\_\_\_\_

Guest Ticket for Friday Reception, January 7 ..... @ \$30 \_\_\_\_\_

Guest Ticket for Saturday Lunch, January 8 ..... @ \$30 \_\_\_\_\_

Guest Special Meal Request: Vegetarian  Vegan  Gluten-Free

**Total** ..... \$ \_\_\_\_\_

**Payment Information:**

Send your check payable to the American Accounting Association, 5717 Bessie Drive, Sarasota, FL 34233-2399

Credit Card Information (can be faxed to 941-923-4093):

AAA only accepts: MasterCard \_\_\_\_\_ 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:

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

**Cancellation Policy.** All cancellations must be received in writing at AAA (email: info@aaahq.org) in order to be processed. Cancellation requests received after December 6, 2010, will incur a \$25 cancellation charge. No refunds will be available for cancellations after December 27, 2010, or for no-shows.