FULL/TWO YEAR COLLEGE NON-MEMBER-- 2010 XBRL Workshop Registration

Profile Information (required)

First: _____ Middle: _____ Last: _____
Preferred Name: (for badge) _____ AAA Member ID # _____ (if known)
Rank: _____ Title(s)/Role(s): _____
Employer: _____ Mailing Address: ❑ Home ❑ Work _____
_____
City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
Work Phone: _____ Fax: _____ Cell Phone: _____ Email: _____
IMPORTANT: ❑Check here if your affiliation, phone numbers, email, or mailing addresses are new.
Gender: ❑Male ❑Female Please Choose One: ❑Tenured ❑Tenure Track ❑Not Tenure Eligible

PANEL A: 2010-2011 AAA Full or Two Year College Membership Dues (required)

Type of Membership:
❑ Full - Academic
❑ Full - Non-Academic
❑ Two Year College

One Journal:	*Review* only: ❑ $185 (Full) / ❑ $50 (Two Year College)	$_____
	Horizons only: ❑ $185 (Full) / ❑ $50 (Two Year College)	$_____
	Issues only: ❑ $185 (Full) / ❑ $50 (Two Year College)	$_____
Two Journals:	*Review* and *Horizons*: ❑ $195 (Full) / ❑ $60 (Two Year College)	$_____
	Review and *Issues*: ❑ $195 (Full) / ❑ $60 (Two Year College)	$_____
	Horizons and *Issues*: ❑ $195 (Full) / ❑ $60 (Two Year College)	$_____
All Three Journals:	*Review*, *Horizons*, and *Issues*: ❑ $205 (Full) / ❑ $70 (Two Year College)	$_____

To add a hard copy subscription to your electronic journal selection above, please add the following:
❑ **Print *Review* add** $35 ❑ **Print *Horizons* add** $15 ❑ **Print *Issues* add** $15 ..... $_____

PANEL B: 2010-2011 Interest Section Membership Dues (optional)

Please indicate Interest Sections and **PRINTED** options desired (check all that apply):

Accounting Behavior and Organizations (includes electronic access to BRIA) $15 or ❑ $25 with print ..... $_____
Accounting Programs Leadership Group $50 ..... $_____
American Taxation Association (includes electronic access to JATA and JLTR) ❑ $35 or ❑ $45 with print JATA ..... $_____
Auditing (includes print and electronic access to AJPT) ❑ $35 ..... $_____
Diversity ❑ $15 ..... $_____
Financial Accounting and Reporting ❑ $20 ..... $_____
Forensic and Investigative Accounting ❑ $15 ..... $_____
Gender Issues and Worklife Balance ❑ $15 ..... $_____
Government and Nonprofit ❑ $30 ..... $_____
Information Systems (includes print and electronic access to JIS) $25 ..... $_____
International Accounting (includes print and electronic access to JIAR) $35 ..... $_____
Management Accounting (includes electronic access to JMAR) ❑$15 or ❑$25 with print ..... $_____
Public Interest (includes electronic access to API) $20 ..... $_____
Strategic and Emerging Technologies (includes electronic access to JETA) $20 or ❑ $35 with print ..... $_____
Teaching, Learning and Curriculum ❑ $10 ..... $_____
Two-Year College ❑ $10 ..... $_____

Total Interest Section Membership Dues ..... $_____

PANEL C: XBRL Workshop & Hotel Reservations (July 28 - 30) (required)

Hotel reservations will be made for you with arrival on Tuesday, July 27 and departure on Friday, July 30. The hotel room rate for the nights of July 27-29 is $169 + tax. Starting the night of July 30, the room rate at the hotel will increase to $189 + tax.

❑ **Please guarantee my hotel room using the credit card number below.** ❑ **I will contact AAA Member Services at 941-921-7747 with a different credit card.**

If you require different reservation dates, please indicate below:
Arrival: _____ Departure: _____ Special room requirements: _____
Check here if you require a special meal: ❑ Vegetarian ❑ Vegan ❑ Gluten free

PANEL D: Payment Due (required)

Full Membership Dues (from panel A)	$_____ (required)
Section Membership Dues (from panel B)	$_____ (optional)
XBRL	$ 715
TOTAL PAYMENT	$_____

PANEL E: Payment Method (required)

Cancellation Policy: All cancellations must be received in writing at AAA in order to be processed. Requests received prior to June 30 will incur a $100 cancellation charge. No refunds will be available for no-shows or for cancellations received after June 30 unless we are able to fill your place in the workshop.

❑ Check (payable to: American Accounting Association) ❑ VISA ❑ MasterCard (NOTE: Other cards NOT accepted.)

Card No ❑❑❑❑ ❑❑❑❑❑❑❑❑❑❑❑❑ Exp. Date _____
Name on card _____
Billing Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
Signature _____

Registrations may be submitted by fax or mail.

Mail to:
American Accounting Assoc.
5717 Bessie Drive
Sarasota, FL 34233

Fax: 941-923-4093