FULL/TWO YEAR COLLEGE 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 (optional)

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 (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)	$_____ (optional)
Section Membership Dues (from panel B)	$_____ (optional)
XBRL	$ 600
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