REGISTRATION

Fifth Annual Symposium on Information Systems Risks, Security & Assurance

Please print:

Name: _____
(Please use the space below if registering more than one person from the same organization)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

_____ XBRL Workshop only ($100 per person) **No. of persons _____**

_____ Friday Session only ($150 per person) **No. of persons _____**

_____ Both workshop and Friday Session ($225 per person) **No. of persons _____**

_____ Late fee ($25 per person) **No. of persons _____**

Member of: __ ISACA __ IMA __ OSCPA __IIA __ College Professor
__ Other (please specify_____)

_____Total Enclosed **Number of Vegetarian Meals: _____**

Please return with check payable to University of Akron (CReTISA Acct) by February 16, 2007 to:

Sharlene Husk
The George W. Daverio School of Accountancy
The University of Akron
Akron, Ohio 44325-4802
Tel: (330) 972-7588
Fax: (330) 972-8597
Email: sharlen@uakron.edu
http://www3.uakron.edu/cba/cretisa/

If you prefer online registration, please click here: http://www3.uakron.edu/cba/cretisa/.

List names here if registering more than one person from the same organization

Name	Special meal requirement (e.g., vegetarian)