REGISTRATION

Sixth 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: _____

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

_____ Both Workshops ($150 per person) **No. of persons _____**

_____ Friday Session only ($175 per person) **No. of persons _____**

_____ Both workshops and Friday Session ($300 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 Account) by February 22, 2008 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/

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

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