

SAIS
Southern Association of Information Systems



March 11-12, 2006 Jacksonville, Florida

Please PRINT all sections below in detail to ensure prompt and accurate processing of your application. (* Denotes required information)

***First Name:**

***First Name to be printed on badge:**

Middle Initial:

***Last Name:**

Title:

Institution:

***Address 1:**

Address 2:

Address 3:

***City:**

State/Province:

Country:

***Postal Code:**

Phone:

Long Distance Code:

Extension:

Fax:

***Email Address:**

Occupation:

Academic

Professional

Retired

Student

SAIS 2006 Registration Rates:

Early: Through 15 February 2006

AIS Membership Number#:

Regular: From 16 February through 1 March 2006

Current = AIS Membership Valid Through 13 March 2006

Check your AIS Membership Status Online at <http://www.aisnet.org/memfunct/>

- | | |
|--|----------|
| <input type="checkbox"/> Early Academic Current AIS Member Discount | \$225.00 |
| <input type="checkbox"/> Early Academic Registration + New/Renewing AIS Membership | \$320.00 |
| | |
| <input type="checkbox"/> Early Student Current AIS Member Discount | \$175.00 |
| <input type="checkbox"/> Early Student Registration + New/Renewing AIS Membership | \$235.00 |
| | |
| <input type="checkbox"/> Regular Academic Current AIS Member Discount | \$250.00 |
| <input type="checkbox"/> Regular Academic Registration + New/Renewing AIS Membership | \$345.00 |
| | |
| <input type="checkbox"/> Regular Student Current AIS Member Discount | \$200.00 |
| <input type="checkbox"/> Regular Student Registration + New/Renewing AIS Membership | \$260.00 |
| | |
| <input type="checkbox"/> On-Site Academic Current AIS Member Discount | \$275.00 |
| <input type="checkbox"/> On-Site Academic Registration + New/Renewing AIS Membership | \$370.00 |
| | |
| <input type="checkbox"/> On-Site Student Current AIS Member Discount | \$225.00 |
| <input type="checkbox"/> On-Site Student Registration + New/Renewing AIS Membership | \$285.00 |

* This will be verified by the AIS office

Special Meal Requests:

- Vegetarian Vegan Kosher No Shellfish

Will you be presenting a paper at SAIS 2006? YES NO

Do you have any physical needs that require assistance? YES NO

If YES, please describe in the space provided below:

(This space is for those with physical challenges, such as utilization of a wheelchair, need for sign language interpreters, etc... This is not a place to list a/v needs, those should be directed to the program and conference chairs of SAIS 2006.)

Add Guest *Please duplicate this page for multiple guests*****

Your SAIS 2006 Registration includes breakfast & lunch on Saturday and Sunday. Guest registrations are for someone in addition to yourself whom you would like to attend these meals/events.

Guest First Name:

Guest First Name to be printed on badge:

Guest Last Name:

Guest Special Meal Requests:

Vegetarian Vegan Kosher No Shellfish

All Guest Meals & Reception - (\$110)

Guest Breakfast - Saturday (\$15)

Guest Breakfast - Sunday (\$15)

Guest Lunch - Saturday (\$45)

Guest Lunch - Sunday (\$35)

SAIS 2006 Conference Proceeding CD

***** 1 COPY OF THE CD IS INCLUDED WITH YOUR REGISTRATION FEE *****

Hotel Information

Main Conference Hotel

- Hyatt Regency Jacksonville Riverfront
 - <http://www.jacksonville.hyatt.com/>

Make Your Reservation

- Please ensure your room is reserved before Thursday, February 16, 2006, after which the discounted group rate may not be available. Hyatt Regency Jacksonville is forecasting to sell out over the conference dates, so please book early.
- Telephone reservations – You must call the hotel directly to obtain SAIS 2006 room rates. Please ask for the SAIS 2006 room block. +1-904.588.1234
- Online Reservations-

Go to <http://jacksonville.hyatt.com/groupbooking/jaxrjsais2006> to make your hotel reservations online.

Room Rates

Conference Room Rates Available From:

03/08/06 - 03/14/06

Conference Room Rates:

\$100 Single/Double

\$130 Triple

\$160 Quad

Hyatt Regency Jacksonville Riverfront

225 East Coast Line Drive

Jacksonville, Florida 32202, USA

Tel: 904.588.1234 Fax: 904.634.4554

[Map & Directions](http://jacksonville.hyatt.com/hyatt/hotels/maps/maps_popup.jsp?hotelId=3000) (http://jacksonville.hyatt.com/hyatt/hotels/maps/maps_popup.jsp?hotelId=3000)

Cancellation Policy

SAIS 2006 Cancellation Policy

Refund of conference registration fee, less an administrative bank fee of US\$25, will be made if FAXED/MAILED SIGNED notice of cancellation is received no later than **15 February 2006** by AIS offices in Atlanta, Georgia USA. Refunds from FAXED/MAILED SIGNED cancellation requests received at the AIS offices in Atlanta, Georgia, USA from **16 February 2006** and before **1 March 2006** will be made of minus \$50 (\$25 cancellation fee and \$25 administrative fee). Cancellations sent via e-mail, cancellations without the signature of the registrant, or those received by the AIS offices **2 March 2006** or later will not be accepted and the registrant will be liable for the full conference registration fee structure on this form. **By submitting payment via this SAIS 2006 registration form you are agreeing to the above cancellation policy.** AIS membership dues paid to AIS along with SAIS 2006 registration are not tax-deductible as a charitable contribution but may be deducted as ordinary and necessary business expenses.

Payment

Purchase orders and faxed copies of checks on the way are not considered payment.

Payment must be received by AIS Offices on or before the registration date posted in order to qualify for the rate. Late fees will be added to your registration on each deadline date.

Check Payment

I am enclosing check # _____
In the amount of \$ _____ for
(Name)

Signature _____

Mail Payment (check or credit card) to:

**AIS Offices
SAIS 2006 Conference Registration
P.O. Box 2712
Atlanta, Georgia 30301-2712
United States of America**

Courier Payment to:

**AIS Offices
SAIS 2006 Conference Registration
35 Broad Street, Suite 917
Atlanta, Georgia 30303
United States of America**

Credit Card Payment for \$ _____

You may fax this registration for with credit card information to +1-404-651-4938:

Credit Card (circle one): Visa or MCard or Amex

Card Number: _____

Expiration Date: _____

Cardholder's Name as it appears on the credit card

Cardholder's Complete Billing Address:

Signature of Cardholder Authorizing the Charge