



2004 Americas Conference on Information Systems

August 5 – 8, 2004

New York City, New York, USA

Please **PRINT CLEARLY** 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

AMCIS 2004 Registration Rates:

Early: 16 March 2004 through 16 May 2004

AIS Membership Number#: _____

Late: 17 May 2004 through 23 July 2004

Current = AIS Membership expiration after 9 August 2004

Check AIS Membership Expiration Date: <https://www.aisnet.org/memfunct/>

<input type="checkbox"/>	On-Site Academic Current AIS Member Discount	\$450.00
<input type="checkbox"/>	On-Site Academic Non-member/Renewing Member (Includes \$95.00 AIS Academic Membership)	\$545.00
<input type="checkbox"/>	On-Site Student Current AIS Member Discount	\$350.00
<input type="checkbox"/>	On-Site Student Non-member/Renewing Member (Includes \$60.00 AIS Student Membership)	\$410.00
<input type="checkbox"/>	Onsite Corporate AMCIS Registration (Includes \$95.00 AIS Membership)	\$800.00
<input type="checkbox"/>	KPMG PhD Project Student	
<input type="checkbox"/>	AIS Institutional Member AMCIS 2004 Designee **	
<input type="checkbox"/>	AMCIS 2004 Corporate Sponsor	
<input type="checkbox"/>	AMCIS 2004 Exhibitor	
<input type="checkbox"/>	AMCIS 2004 Doctorial Consortium Student ***	

** This will be verified by the AIS office
*** This will be verified with the Doctorial Consortium Chairs

Special Meal Requests:

Vegetarian Vegan Kosher No Shellfish

Will you be presenting a paper at AMCIS 2004? YES NO

Will you be participating in placement at AMCIS 2004? 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 chairs of AMCIS 2004.)

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

Your AMCIS 2004 Registration includes all lunches, social events, and receptions. 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 Tickets - (\$150)

Guest Ticket: Opening Reception - Thursday (\$45)

The conference will open with a **welcome reception** on Thursday evening at 7PM. So if you are planning to arrive for the main conference, be sure to get there in time to get registered and attend the reception. For those of you attending pre-conference events like the Doctoral Consortium and MIS Camp, this will be a nice way to celebrate the end of those exciting gatherings. The reception will have light hors d'oeuvres and a no host bar.

Guest Ticket: Friday Lunch (\$60)

Guest Ticket: Saturday Lunch (\$60)

Hotel Information

Main Conference Hotel

- Marriott Marquis, New York City, NY

Make Your Reservation

- Phone Reservation –
Telephone reservation code: AMCIS 2004
 - Calling the toll free number 800-228-9290
 - Calling the Marriott Marquis directly at 212-398-1900
- Online Reservation –

For online hotel reservations go to: <http://marriott.com/property/propertyPage/NYCMQ>
Click on Reservations and input dates and enter the group codes:

ASYASYA

Room Rates

- The hotel rate is \$169/night.

New York Marriott Marquis
1535 Broadway • New York, New York 10036 • United States
Phone (212) 398-1900 • Fax (212) 704-8930
International Toll-Free 1-800-228-9290
Sales (212) 398-1900

Cancellation Policy

AMCIS 2004 Cancellation Policy

Refund of conference registration fee, less an administrative fee of US\$25, will be made if FAXED/MAILED SIGNED notice of cancellation is received no later than 30 May 2004 by AIS headquarters in Atlanta, Georgia USA. Refunds from FAXED/MAILED SIGNED cancellation requests received at the AIS headquarters in Atlanta, Georgia, USA 1 June 2004 and before 15 July 2004 will be made less a US\$50 cancellation fee. Cancellations sent via e-mail, cancellations without the signature of the registrant, or those received by the AIS headquarters 16 July 2004 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 conference registration form you are agreeing to the above cancellation policy. The Association for Information Systems is incorporated in the state of Illinois as a non profit organization and is exempt from United States federal income tax under section 501(c)(3) of the U.S. Internal Revenue Code. Registration fees and membership dues paid to AIS for this conference are not tax-deductible as a charitable contribution but may be deducted as ordinary and necessary business expenses. AIS Federal ID# 36-3471141.

Payment

Purchase orders and faxed copies of checks on the way are not considered payment. Payment must be received by AIS Headquarters 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 to:

**AIS Headquarters
AMCIS 2004 Conference Registration
P.O. Box 2712
Atlanta, Georgia 30301-2712
United States of America**

Courier Payment to:

**AIS Headquarters
AMCIS 2004 Conference Registration
35 Broad Street, Suite 917
Atlanta, Georgia 30303
United States of America**

U.S. Federal ID 36-3471141

Credit Card Payment for \$ _____

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

Please Print Clearly

Credit Card (circle one): Visa or Master Card

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
