26th World Continuous Auditing & Reporting Symposium Registration
Nov. 2 & 3, 2012
http://raw.rutgers.edu/26wcars
All participants are required to register. The registration fee the following:
Nov. 1st – Breakfast, two breaks, luncheon, dinner & symposium materials
Nov. 2nd – Breakfast, break, lunch
An estimated 14 CPE credits will be awarded for the program

Name, Title & Address:

____________________________________________________

____________________________________________________

Email:    Cell:    Office:

Early Registration Deadline - October 19, 2012

General Participant/Presenter Registration fee: $345.00
Rutgers University Alumni, ISACA & IIA member rate: $295.00

Rutgers Faculty & Rutgers Students – complimentary
Symposium Sponsors (presenter & colleague) complimentary

Registration received after October 19, 2012
Additional $50.00 registration fee

TOTAL

Will you attend the Symposium: Friday, Nov. 2nd _______ Saturday, Nov. 3rd _______
Meal preference: Vegetarian _______ Non-vegetarian: _______
Will you attend dinner at the Spanish Pavilion in Harrison on Friday, Nov. 2, 2012?
(Complimentary – Reservation required) _______ Yes _______ No

Please make checks payable to” Rutgers: The State University”

Please return credit card payments via fax or mail only
Company billings accepted. Please contact Barbara Jensen to make arrangements.

Please return registration to:
Barbara Jensen - Rutgers Accounting Research Center
One Washington Park, Room 919, Newark, NJ 07102
Voice- (973)353-5172    Fax- (973)353-1283    Email: 26WCARS@gmail.com
Credit Card Authorization Form

Please return this form by FAX (973)353-1283 or USPS mail to Barbara Jensen, Rutgers Accounting Research Center/CAR LAB, One Washington Park- Room 919, Newark, NJ 07102

Please charge my credit card in the amount of $________________

Registration fee for:
26th World Continuous Audit Symposium on Nov. 2 & 3, 2012
Rutgers Business School

Date: ________________________________

Card Type  MasterCard  Visa

Card number_______________________________________

Expiration date_______________________________________

Name as it appears on card________________________________

Billing Address________________________________________

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Telephone number_____________________________________

Signature____________________________________________