

2014 AAEA Annual Meeting  
Reunion & Reception Registration Form

**2014 AAEA  
Annual Meeting  
Minneapolis MN**  
**July 27-29, 2014**

**Hosting Organization(s)**

IMPORTANT: Please include all group names as they should appear on the reception sign and in the Annual Meeting program. Changes to the reception sign and the Annual Meeting program will not be possible after May 28, 2014.

Expected Attendance: \_\_\_\_\_

**Organizer Contact Information**

This person will receive all event communications from the AAEA Business Office

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Organization Website: \_\_\_\_\_

By signing this form, I authorize AAEA to work on our behalf to organize and plan this Reunion & Reception and agree to pay all expenses incurred in the hosting of this event. Further, I warrant that if alcohol is being served, our organization does not have a policy prohibiting such and will not refuse payment of alcohol and the related expenses.

Contact Signature: \_\_\_\_\_

**Reservation Fee**

The reservation fee is **\$150** and includes a room reservation, personalized event signage, and a cash bar available to all Reunion & Reception attendees. Jointly hosted Reunions & Receptions only require one reservation fee. Applications after April 8, 2014 are subject to a \$75 late fee.

**Payment Information**

Total: \$ \_\_\_\_\_

- Check Enclosed (Checks must be made payable to AAEA in U.S. dollars drawn on a U.S. bank.)  
 Credit Card

Card Number: \_\_\_\_\_

Exp: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

**Return completed form by April 8, 2014 to:**

AAEA Business Office • 555 East Wells Street, Suite 1100 • Milwaukee, WI 53202-3823

Fax: (414) 276-3349 • [Kwright@aaea.org](mailto:Kwright@aaea.org)

Questions? Contact Kristen Wright at (414) 918-3190 or [kwright@aaea.org](mailto:kwright@aaea.org)