



2019 Reunion & Reception Registration Form

Receptions will take place on both **Sunday, July 21** and **Monday, July 22** evenings
Return completed form by April 4, 2019 to:

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 15, 2019.

Expected Attendance: _____

Preferred day for Reunion & Reception: Sunday Monday No Preference

Note: Day preference will be honored to the extent possible, however space is limited and preference will be given to the forms received earliest.

Organizer Contact Information: This person will receive all event communications from the AAEA Business Office

Organization: _____

Contact Name: _____

Billing 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: _____

Complete **Billing Detail** form for participating universities (page 2). If not completed, the full invoice will be sent to the organizing university.

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 4, 2019 are subject to a \$75 late fee. Sample catering form will be emailed, once reservation form is received.

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 4, 2019 to:

2019 AAEA Reunion & Reception Billing Detail Form

Complete the billing details for each university participating in the Reunion & Reception. If there are special billing instructions or a PO#, include in the section below. This information can be updated and completed later but must be completed and returned by June 15th. **Return completed form by June 15, 2019 to:** Mary Annen mannen@aaea.org Fax: (414) 276-3349.

Billing Instructions: _____

Participating Universities Billing Information (other than main organizer from page 1)

University: _____
Contact Name: _____ PO#: _____
Email: _____ Telephone: _____

University: _____
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E-mail: _____ Telephone: _____

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Email: _____ Telephone: _____

University: _____
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University: _____
Contact Name: _____ PO#: _____
Email: _____ Telephone: _____

University: _____
Contact Name: _____ PO#: _____
Email: _____ Telephone: _____

Please make copy of page for additional participating universities.