

2020 Reunion & Reception Registration Form

Receptions will take place on both **Sunday, July 26** and **Monday, July 27** evenings
Return completed form extended to **May 15, 2020** 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, 2020.

Expected Attendance: _____

Preferred day for Reunion & Reception:

Sunday 8:30 pm – 10:30 pm Monday 8:30 pm – 10:30 pm 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. Jointly hosted Reunions & Receptions only require one reservation fee. Applications after May 15, 2020 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 May 15, 2020 to:

AAEA Business Office • 555 East Wells Street, Suite 1100 • Milwaukee, WI 53202-3823 Fax: (414) 276-3349

Questions? Contact Mary Annen at (414) 918-3190 or mannen@aaea.org

2020 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 May 15th. **Return completed form to:** Mary Annen mannen@aaea.org
Fax: (414) 276-3349. Each university **must** complete the billing information portion.

Hosting Organization(s) _____

Billing Instructions: _____

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

University: _____ PO# _____

Contact Name: _____ Email: _____

Billing Contact Name: _____ Email: _____

Billing Telephone: _____

University Invoice Instructions (restrictions) details: _____

University: _____ PO# _____

Contact Name: _____ Email: _____

Billing Contact Name: _____ Email: _____

Billing Telephone: _____

University Invoice Instructions (restrictions) details: _____

University: _____ PO# _____

Contact Name: _____ Email: _____

Billing Contact Name: _____ Email: _____

Billing Telephone: _____

University Invoice Instructions (restrictions) details: _____

2020 AAEA Reunions & Receptions Billing Information

University: _____ PO# _____

Contact Name: _____ Email: _____

Billing Contact Name: _____ Email: _____

Billing Telephone: _____

University Invoice Instructions (restrictions) details: _____

University: _____ PO# _____

Contact Name: _____ Email: _____

Billing Contact Name: _____ Email: _____

Billing Telephone: _____

University Invoice Instructions (restrictions): _____

University: _____ PO# _____

Contact Name: _____ Email: _____

Billing Contact Name: _____ Email: _____

Billing Telephone: _____

University Invoice Instructions (restrictions): _____

University: _____ PO# _____

Contact Name: _____ Email: _____

Billing Contact Name: _____ Email: _____

Billing Telephone: _____

University Invoice Instructions (restrictions): _____

University: _____ PO# _____

Contact Name: _____ Email: _____

Billing Contact Name: _____ Email: _____

Billing Telephone: _____

University Invoice Instructions (restrictions): _____

Please make copy of page for additional participating universities.