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: ___________________________
# 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 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.

<table>
<thead>
<tr>
<th>Hosting Organization(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Billing Instructions:**

<table>
<thead>
<tr>
<th>Participating Universities Billing Information (other than main organizer from page 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>University: ___________________________ PO# __________________</td>
</tr>
<tr>
<td>Contact Name: ___________________________ Email: ___________________________</td>
</tr>
<tr>
<td>Billing Contact Name: ___________________________ Email: ___________________________</td>
</tr>
<tr>
<td>Billing Telephone: ___________________________</td>
</tr>
<tr>
<td>University Invoice Instructions (restrictions) details: ___________________________</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

| 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: ___________________________ |
|                                                                                      |

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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): __________________________________________________
_____________________________________________________________________________________

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Contact Name: __________________________________________ Email: __________________
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Contact Name: __________________________________________ Email: __________________
Billing Contact Name: ____________________________________ Email: __________________
Billing Telephone: _______________________________________
University Invoice Instructions (restrictions): __________________________________________________
_____________________________________________________________________________________

Please make copy of page for additional participating universities.
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