2022 Reunion & Reception Registration Form

Receptions will take place on both Sunday, July 31 and Monday, August 1 evenings
Return completed form by April 29, 2022 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

Hosting Organization(s)

IMPORTANT: Please include all group names as they should appear on the reception sign and in the Annual Meeting website.

Estimated 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 taxes and alcohol along with 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. If AAEA cancels the 2022 Annual Meeting, the $150 reservation fee will be refunded. 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: ___________________________________________________________________

If AAEA cancels the 2022 Annual Meeting, Reunion & Reception registration fee will be fully refunded.
2022 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 April 29th. **Return completed form to:** Mary Annen mann@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: ______________________________________

By participating in Reunions and Receptions, I understand that our organization is responsible for **payment of any taxes and if alcohol is ordered payment of alcohol and related expenses.**

University: ________________________________________________________________ PO# ____________

Contact Name: __________________________________________________________ Email: __________________

Billing Contact Name: __________________________________________________ Email: __________________

Billing Telephone: __________________________________________________________

University Invoice Instructions (restrictions) details: ______________________________________

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**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: ______________________________________

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University:_____________________________________________________ PO# ______________
Contact Name: ___________________________________________ Email: ______________________
Billing Contact Name: ________________________________ Email: ______________________
Billing Telephone: ______________________________________
University Invoice Instructions (restrictions) details: __________________________________________

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University:_____________________________________________________ PO# ______________
Contact Name: ___________________________________________ Email: ______________________
Billing Contact Name: ________________________________ Email: ______________________
Billing Telephone: ______________________________________
University Invoice Instructions (restrictions): __________________________________________

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University:_____________________________________________________ PO# ______________
Contact Name: ___________________________________________ Email: ______________________
Billing Contact Name: ________________________________ Email: ______________________
Billing Telephone: ______________________________________
University Invoice Instructions (restrictions): __________________________________________

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University: ________________________________ PO# __________________
Contact Name: ________________________________ Email: __________________
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Billing Telephone: ________________________________
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Please make copy of page for additional participating universities.