

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:

Hosting Organization(s)

IMPORTANT: Please include <u>all group names as they should appear on the reception sign</u> 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:
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

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 <u>completed</u> form to:** Mary Annen <u>mannen@aaea.org</u> Fax: (414) 276-3349. Each university <u>must</u> 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: Email: University Invoice Instructions (restrictions) details: PO# 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 Telephone: Email: University Invoice Instructions (restrictions) details: Email: Billing Contact Name: Email: Billing Telephone: Email: University Invoice Instructions (restrictions) details: Email: Billing Telephone: Email: University Invoice Instructions (restrictions) details: Email: 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. Participating Information (other than main organizer from page 1) University: University: PO#	Heating Organization(a)	
Participating Universities Billing Information (other than main organizer from page 1) University: PO#		
University: PO# Contact Name: Email: Billing Contact Name: Email: Billing Telephone: Email: University Invoice Instructions (restrictions) details: Email: 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 Contact Name: Email: Billing Telephone: Email: Billing Contact Name: Email: Billing Telephone: Email: Billing Telephone: Email: University Invoice Instructions (restrictions) details: Email: 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. Participating Universities Billing Information (other than main organizer from page 1) University: PO# Contact Name: Email: Billing Contact Name: Email:	Billing Instructions:	
University: PO# Contact Name: Email: Billing Contact Name: Email: Billing Telephone: Email: University Invoice Instructions (restrictions) details: Email: 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 Contact Name: Email: Billing Telephone: Email: Billing Contact Name: Email: Billing Telephone: Email: Billing Telephone: Email: University Invoice Instructions (restrictions) details: Email: 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. Participating Universities Billing Information (other than main organizer from page 1) University: PO# Contact Name: Email: Billing Contact Name: Email:		
Contact Name: Email:	Participating Universities <u>Billing Information</u> (other tha	n main organizer from page 1)
Billing Contact Name:	University:	PO#
Billing Telephone:	Contact Name:	Email:
University Invoice Instructions (restrictions) details:	Billing Contact Name:	Email:
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:	Billing Telephone:	
any taxes and if alcohol is ordered payment of alcohol and related expenses. University:	University Invoice Instructions (restrictions) details:	
Billing Contact Name: Billing Telephone:		
Billing Contact Name: Billing Telephone:		
Billing Telephone:	any taxes and if alcohol is ordered payment of alcohol a	nd related expenses.
University Invoice Instructions (restrictions) details:	any taxes and if alcohol is ordered payment of alcohol a University:	nd related expenses.
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. Participating Universities Billing Information (other than main organizer from page 1) University: PO# Contact Name: Email:	University:Contact Name:	nd related expenses. PO# Email:
Any taxes and if alcohol is ordered payment of alcohol and related expenses. Participating Universities Billing Information (other than main organizer from page 1) University: PO# Contact Name: Email: Billing Contact Name: Email:	University:	nd related expenses. PO# Email: Email:
University: PO# Contact Name: Email: Billing Contact Name: Email:	any taxes and if alcohol is ordered payment of alcohol as University: Contact Name: Billing Contact Name: Billing Telephone:	nd related expenses.
Contact Name: Email: Billing Contact Name: Email:	any taxes and if alcohol is ordered payment of alcohol at University: Contact Name: Billing Contact Name: Billing Telephone: University Invoice Instructions (restrictions) details: By participating in Reunions and Receptions, I understand to	nd related expenses. PO# Email: Email: that our organization is responsible for payment of the second secon
Billing Contact Name: Email:	any taxes and if alcohol is ordered payment of alcohol at University: Contact Name: Billing Contact Name: Billing Telephone: University Invoice Instructions (restrictions) details: By participating in Reunions and Receptions, I understand ta any taxes and if alcohol is ordered payment of alcohol at	nd related expenses. PO# Email: Email: that our organization is responsible for payment on related expenses.
	University: Contact Name: Billing Contact Name: Billing Telephone: University Invoice Instructions (restrictions) details: By participating in Reunions and Receptions, I understand to any taxes and if alcohol is ordered payment of alcohol at Participating Universities <u>Billing Information</u> (other that	nd related expenses. PO# Email: Email: that our organization is responsible for payment of nd related expenses. In main organizer from page 1)
Billing Telephone:	University:	nd related expenses. PO# Email: Email: that our organization is responsible for payment of nd related expenses. In main organizer from page 1) PO#
	University:	nd related expenses. PO# Email: Email: that our organization is responsible for payment of nd related expenses. In main organizer from page 1) PO# Email: Email:

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:	
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.

Linivorcity:	PO#
•	PO# Email:
	Email:
•	
Billing Telephone: University Invoice Instructions (restrictions):	
By participating in Reunions and Receptions, I unde any taxes and if alcohol is ordered payment of alc	rstand that our organization is responsible for p aymen cohol and related expenses.
University:	PO#
Contact Name:	Email:
Billing Contact Name:	Email:
Billing Telephone:	
University Invoice Instructions (restrictions):	
By participating in Reunions and Receptions, I unde any taxes and if alcohol is ordered payment of alc	rstand that our organization is responsible for payment cohol and related expenses.
University:	PO#
	PO#
Contact Name:	
Contact Name:	Email: Email:

any taxes and if alcohol is ordered payment of alcohol and related expenses.

University:	PO#
Contact Name:	Email:
Billing Contact Name:	
Billing Telephone:	
University Invoice Instructions (restrictions):	

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):	

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: E	mail:
Billing Contact Name: E	Email:
Billing Telephone:	
University Invoice Instructions (restrictions):	

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.

Please make copy of page for additional participating universities.