



## 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 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: \_\_\_\_\_

**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](mailto:mannen@aaea.org)**

12-15-21

*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 be completed and returned by April 29th. **Return completed form to:** Mary Annen [mannen@aaea.org](mailto: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: \_\_\_\_\_

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: \_\_\_\_\_

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 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: \_\_\_\_\_

---

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: \_\_\_\_\_ 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: \_\_\_\_\_ 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: \_\_\_\_\_ 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: \_\_\_\_\_ 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: \_\_\_\_\_ 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.**

**Please make copy of page for additional participating universities.**