



555 E. Wells Street, Suite 1100 | Milwaukee, WI 53202 | (414) 918-3190 | Fax: (414) 276-3349 | www.aaea.org

# AAEA 2020 Virtual Annual Meeting

August 10 & 11, 2020 after the official dates the program will be on demand to view at your leisure.

Registrant Information: (please print):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Membership:  AAEA  Non-member

Join AAEA to receive complimentary registration: <https://www.aaea.org/membership>

Registration	Select One	Fee	
Member all access Virtual Meeting	<input type="radio"/>	Complimentary	
Non-Member all access Virtual Meeting	<input type="radio"/>	\$100	
*Guest Registration	<input type="radio"/>	Complimentary	
<b>AAEA Trust</b>			
Would you like to contribute \$25 to the Student and Early Career Professional Travel and Development category of the AAEA Trust? Your contribution helps fund travel grants for graduate students and early career professionals to attend the Annual Meeting.	<input type="checkbox"/> Yes	\$25	\$
<b>Grand Total</b>	\$		

\*Guests include any interested party not professionally in the fields of agricultural or applied economics, or a related discipline.

Guest Name: \_\_\_\_\_ Email: \_\_\_\_\_

As a participant of the AAEA Virtual Meeting, I agree to the terms and conditions as outlined in the AAEA Anti-Harassment and Code of Conduct Policy (must agree before registration is accepted). View full policy [here](#).

Please exclude my name and e-mail address from the distributed list of meeting attendees.

Return completed form to: AAEA • 555 E. Wells Street, Suite 1100 • Milwaukee, WI 53202-3823. Fax registrations to (414) 276-3349; Questions? Contact the AAEA Business Office at (414) 918-3190

**SAVE THE DATE: 2021 AAEA Annual Meeting, August 1-3, Austin, Texas**

**Payment Information on next page:**

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## Payment Information

Visa       MasterCard       American Express       Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Name as printed on card (please print): \_\_\_\_\_

Billing Address for card (if different from registration address):

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email receipt to: \_\_\_\_\_

Send an additional email copy to: \_\_\_\_\_

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