



2025 Reunion & Reception Registration Form

Receptions will take place on both **Sunday, July 27** and **Monday, July 28** evenings
Return completed form by **April 28, 2025** to: Mary Annen 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 including any and all taxes. Further, I warrant that if alcohol is ordered, our organization does not have a policy prohibiting such and **will not refuse payment alcohol along with any 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 2025 AAEA & WAEA Joint 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 28, 2025 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

2-13-2024

If AAEA cancels the 2025 AAEA & WAEA Annual Meeting, Reunion & Reception registration fee will be fully refunded.

2025 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 28th. **Return completed form to:** Mary Annen 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: _____

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Please make copy of page for additional participating universities.