

AERF Professional Conference & Event Support Request

Organization: _____ Request Date: _____

Tax Exempt #: _____

Contact Person: _____ Email: _____

Organization Affiliation (Pres, Treas, etc...): _____

Employer & Title: _____

Phone (mobile): _____ Phone (business): _____

Mailing Address (for reimbursement): _____

AERF Sponsorship Level: _____ Will AERF be on Program: _____

Will AERF be acknowledged for it's participation? Check all that apply.

☐ Program Listing ☐ Meeting Signs ☐ Announcements ☐ Other (explain below)

Other: _____

Meeting/Conference Name: _____

Location (facility, city and state): _____

Dates: _____

Fill in pertinent information relating to your request below:

<u>Government Participant</u>	<u>Title & Agency</u>	<u>Program Participation</u>	<u>Support \$</u>
Total \$			

Event/Function Details

<u>Function/Event</u>	<u>Details</u>	<u>No. Attending</u>	<u>Support \$</u>
Text			Total \$

Additional Information:

Based upon the above information, we request AERF's consideration to provide financial reimbursement. It is understood that payment will be made within 30 days following receipt of an itemized invoice from the requesting organization following the event.

Requestor: _____ Make Payment to: _____ Amount \$ _____

For AERF Use Only

☐ Approved ☐ Denied Approved with amount modified to \$: _____

Comments