

Check IN with



REGISTRATION FORM (To register online - [click here](#))

Register online and pay by credit card, check or where applicable purchase order.
Checks should be mailed to AEA office, purchase orders can be mailed, faxed or emailed.

ASSOCIATION OF ENVIRONMENTAL AUTHORITIES ANNUAL MEETING AND CONFERENCE Tuesday, November 13th & Wednesday, November 14th, 2018 Bally's, Atlantic City

Member Registration Fees**

- | | |
|--|---|
| ___ Plan A: Drone Demo \$75 | ___ Plan E: \$100 Spouse/Full Conference |
| ___ Plan B: \$399 Full Conference + Drone Demo | ___ Plan F: \$90 Spouse Tuesday
(Keynote + Reception*) |
| ___ Plan C: \$350 Full Conference | ___ Plan G: \$60 Spouse Wednesday |
| ___ Plan D: \$115 Tuesday Only
(Keynote + Reception*) | |

*Reception & Lunch are ticketed events. No admission without registration.
**Non-members add \$99 additional to each plan*

Completing this form reserves your conference spot(s). Send us the form with or without a check. No need to send your voucher for a separate signature. **This form is Local Finance Board-approved and meets requirements for certification of performance of service.**

NO REFUNDS AFTER Oct. 31, 2018

Before Oct. 31, we will refund 50% of registration fee and provide a 50% credit toward future AEA conference

If number of registrants/licensees exceeds available space, please duplicate form and attach.

Contact Name: _____

Affiliation: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Name of Registrant <i>(Licensees: Please provide info here AND on Pg. 2)</i>	Title	Plans A-G <i>(Choose one)</i>	Cost

The following information is required for proper licensing credit!

Name of Licensee Who Will Attend <i>(Name MUST be EXACTLY as it appears on license)</i>	License Number <i>(6 or 7 digit license # must appear EXACTLY as on the license, including any zeros!)</i>

Please make check payable to the AEA / Credit cards accepted

Mail or fax to: 2333 Whitehorse-Mercerville Road, Suite 2, Mercerville, NJ 08619 or fax to (609) 584-8271

CREDIT CARD INFORMATION

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature: _____ Date ___/___/___

Security Code: _____ Billing zip code: _____

Certification by Approval Official

I certify and declare that this bill/invoice is correct, and that sufficient funds are available to satisfy this claim.

The payment shall be chargeable to: Appropriation Account(s) and Amounts

Charged: _____ IN HOUSE PO# _____

Date: _____ Title: _____

Signature: _____

CFO, Finance Director

Certification by Receiving Agency

I, having knowledge of the facts, certify and declare that the goods have been received or the services rendered and are in compliance with the specifications or other requirements, and said certification is based on signed delivery slips or other reasonable procedures, or verifiable information.

Signature: _____

Title: _____ Date: _____

Claimant's Certification and Declaration

I do solemnly declare and certify under penalties of the law that the bill or invoice is correct in all its particulars; that the goods have been furnished or services have been rendered as stated herein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Date: Sept.-Oct. 2018 ~ Federal Identification Number: 22-2405796

Signature: *Karen Bullis* Position: Office Manager