

# THE NEXT DECADE



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

ASSOCIATION OF ENVIRONMENTAL AUTHORITIES ANNUAL MEETING AND CONFERENCE  
Tuesday, November 19<sup>th</sup> & Wednesday, November 20<sup>th</sup>, 2019  
Bally's, Atlantic City

*Register online and pay by credit card, check or where applicable purchase order.  
Please mail checks to AEA office, (see page 2 for address).  
Purchase orders may be mailed, faxed or emailed.*

### Member Registration Fees\*

- |   |  |
|---|--|
| <input type="checkbox"/> Plan A: \$425 Full Conference                        | <input type="checkbox"/> Plan C: \$125 Spouse/Full Conference                  |
| <input type="checkbox"/> Plan B: \$125 Tuesday Only<br>(Keynote & Reception*) | <input type="checkbox"/> Plan D: \$95 Spouse/Tuesday<br>(Keynote + Reception*) |
|   | <input type="checkbox"/> Plan E: \$70 Spouse /Wednesday                        |

*Reception & Lunch are ticketed events. No admission without registration.  
\*\*Non-members add \$125 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 October 31, 2019

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

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

*The following information is required for proper licensing credit!*

<b>Name of Licensee Who Will Attend</b> <i>(Name MUST be EXACTLY as it appears on license)</i>	<b>License Number</b> <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

     **PAY BY CREDIT CARD INFORMATION**  
Please provide email address below for link to make payment by credit card

Email address: \_\_\_\_\_

**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. 2019 ~ Federal Identification Number: 22-2405796

Signature: *Karen Bullis* Position: Office Manager