AACRAO 2020 Annual Meeting
New Orleans
April 5 - April 8, 2020

Non-AACRAO Member Presenter Expense and Complimentary Registration Request Form

AACRAO will pay pre-approved expenses of non-AACRAO member program presenters with specialized expertise and whose position would not normally be found in the AACRAO membership. In addition, AACRAO may provide a complimentary one day registration or discounted meeting registration. Pre-approval must be obtained from the President-Elect and Executive Director.

The chair of the committee proposing the session must submit this form to the appropriate program committee coordinator by Friday, June 14 2019. The program coordinator will forward the request to the AACRAO office for consideration by the President-Elect and Executive Director. Commitment for expenses of nonmember presenters may be made only after approval. Presenters must be informed, well in advance of the Annual Meeting, of the expenses or honoraria to be paid.

This form is required for all nonmember presenters at general or plenary sessions, break-out sessions, workshops, roundtables, meals, and all other presentations. However, if there is a formal contract or letter of agreement between the Executive Director and the presenter, it is not necessary to submit this form.

Presenter name (first, last): _____
Institution: _____
Title: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email: _____
Session Number: _____ Title: _____

Registration:

☐ Complimentary one day or discounted full meeting ☐ Complimentary full meeting (only available in special circumstances)

Expenses Requested

Travel (including airfare, taxi, and/or private auto) $_____

Hotel: # of nights____ $_____
(Normally only one night will be authorized, but please take presenter's travel needs and session time into consideration when making request. Presenter must stay at an AACRAO Contracted Hotel.)

Meals (per diem for New Orlean is $71 a day): # of days____ $_____

Copies, handouts, etc. $_____

Honorarium $ _____
(Both an honorarium and expenses will not be authorized for the same person.)

TOTAL **$_____**

Comments and Justification: _____

REQUESTED BY:

Committee Name: _____

Committee Chair: _____ Date _____

Submitted by _____ Date _____
Program Committee Coordinator Responsible for Group

All requests will be reviewed by Associate Executive Director. Please email form to Meetings@aacrao.org.