



**AACRAO 2018 Annual Meeting
Orlando
March 25 – 28, 2018**

**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. **Priority submission deadline: Monday, June 26, 2017**

The chair of the committee proposing the session must submit this form to the appropriate program committee coordinator by Monday, June 26, 2017. 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 Minneapolis is \$64):	# 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 fax form to AACRAO Office, Attn: Melissa Ficek, (202) 872-8857.