

**IOWA CHAPTER IAEI**  
**Western Section Meeting**  
**Registration & Travel Reimbursement Form**

**Due: No later than October 10<sup>th</sup> of same year**

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**PERSONAL INFORMATION**

**Name:** \_\_\_\_\_  
**IAEI #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**E-mail :** \_\_\_\_\_

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**CONFERENCE INFORMATION**

**Date:** \_\_\_\_\_  
**Location: City** \_\_\_\_\_ **State** \_\_\_\_\_  
**Registration Fee:** \_\_\_\_\_ \$  
**Travel Expenses:** \_\_\_\_\_ \$  
**Lodging:** \_\_\_\_\_ \$  
**Total:** \_\_\_\_\_ \$  
**Amount Reimbursed by Employer:** \_\_\_\_\_ \$  
**Out-of-Pocket Expenses:** \_\_\_\_\_ \$  
**Requested amount - Member: (Not to exceed \$500.00)** \$ \_\_\_\_\_  
**Requested amount - Officer: (Not to exceed \$1000.00)** \$ \_\_\_\_\_

(WS Rep, Membership, Education, and Sec. Or Tres.)

**Attach copies of all receipts & CEU certificate**

**Send to:** Barb Mentzer  
407 8<sup>th</sup> Street  
Altoona, IA 50009  
or  
**Fax:** 515-967-6895  
or  
**Email:** [bmentzer@altoona-iowa.com](mailto:bmentzer@altoona-iowa.com)