In order to accurately schedule all optional activities at the 2020 ASABE Annual International Meeting please fill out this form and email it to bell@asabe.org by January 20, 2021.

Event Name: ________________________________________________________________

Brief Description: (for publicizing in the Annual Meeting program) __________________________________
_________________________________________________________________________________________________
____________________________________________________________

The maximum # of people expected at this event is: ____________ Minimum #: ____________

Select type of menu: ☐ Breakfast Menu  ☐ Lunch Menu  ☐ Dinner Menu  ☐ Reception  ☐ Refreshments

Menu Choices__________________________________________________________________________
______________________________________________________________________________________

Preference of Day:
__10, Saturday __11, Sunday __12, Monday __13, Tuesday __14, Wednesday

Time of day this event will start is: ______________  End time is: ______________

Contact Persons Name:________________________________________________________________

Contact Persons address:________________________________________________________________

Contact Persons city/state/zip: _____________________________________________________________

PHONE: _______________________

FAX: _______________________

EMAIL:_____________________

IMPORTANT NOTE: The ASABE Meeting Planner is happy to make all arrangements for your event. If your organization is tax exempt, you may want to make your own arrangements. Please call Jessica Bell at 269-932-7029 for more information.

Tickets sold by ASABE for this event: ☐ No  ☐ Yes…for how much $______________

Person responsible for paying for this event (if it is not an event where tickets will be sold by ASABE):

Name: _____________________________________________________________________________

Address: __________________________________________________________________________

PHONE: _______________________

FAX: _______________________

EMAIL:_____________________

PAYMENT: Credit Card: ☐ MasterCard  ☐ VISA  ☐ American Express  ☐ Discover

CARD NUMBER_____________________________________________________________________

EXPIRATION DATE:  MONTH__________ YEAR ____________

SIGNATURE ________________________________________________________________________

PRINT CARDHOLDERS NAME _______________________________________________________

CONDITIONS: I understand and agree that this event will either be self-supporting (based on the number of tickets sold by ASABE) or that the person listed above will be responsible for paying the entire cost of the function plus a 7% service charge that will be assessed by ASABE for all events/functions.

Signature_________________________________________ Date__________________