



# RESERVATION FORM 2009 KAPPE LECTURE SERIES

Name of University: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code \_\_\_\_\_

Official Contact (print please): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## Preferred Dates & Locations

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
|    | Date  | City  | State |
| 2. | _____ | _____ | _____ |
|    | Date  | City  | State |
| 3. | _____ | _____ | _____ |
|    | Date  | City  | State |
| 4. | _____ | _____ | _____ |
|    | Date  | City  | State |

## Cooperating Universities

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

If our school is selected to participate, we will pay to the **American Academy of Environmental Engineers®** \$850 and assume any other incidental on-campus expenses connected with the Lecturer's visit. The **American Academy of Environmental Engineers®** will assume travel and off-campus expenses incurred by the Speaker.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Spell name:** \_\_\_\_\_