



AED 43rd Biennial Convention Registration

March 5-7, 2020

Hilton Tampa Airport Westshore Hotel
Tampa, Florida

Please have your Advisor mail your registration payment to:

AED National Office • TCU BOX 298810 • Texas Christian University • Fort Worth, TX 76129

ATTENDEE INFORMATION

First Name: _____ **Last Name:** _____
Address: _____ **Address (2):** _____
City: _____ **State:** _____ **Zip Code:** _____
Cell Phone: _____ **Email*(Required):** _____
University: _____ **Chapter Name:** _____
Emergency Contact Name: _____ **Emergency Contact Cell Number:** _____

REGISTRATION TYPE

Please check all appropriate boxes

AED National Member **Honorary Member** **Associate/Affiliate Member**
 Chapter Advisor **Regional Director** **Guest**

REGISTRATION FEES

AED National Member
\$150 until 2/15/2020 **Late Registration**
\$200 after 2/15/2020
 Non-Member
\$175 until 2/15/2020 **Non-Member Late Registration**
\$225 after 2/15/2020

Please enter your National ID#

If you do not know your ID please email your
Full Name, University and Chapter Name to:

aed.nationaloffices@tcu.edu

CHAPTER REPRESENTATION

By serving as my Chapter's delegate
*eligible for travel award
Must be able to attend regional meeting, roll call, national
business meeting and awards dinner.

By serving on a committee:
*select committee to the right
Must arrive at convention in time for meetings starting
at 4PM on Thursday, 3/5/2020.

Publications
 Resolutions
 Attendance
 Activities

Photography Notice:

With this registration, as a participant in Alpha Epsilon Delta's 43th Biennial Convention, I hereby grant permission to Alpha Epsilon Delta to use my photograph, taken during activities at this event on its national web page or in other official Society printed publications without further consideration. I acknowledge the Society's right to crop or treat the photograph at will. I also acknowledge that the Society may or may not choose to use my photo at its own discretion.

[Hotel Registration \(link\)](#)