



INTERNATIONAL ASSOCIATION OF ASSESSING OFFICERS

314 W. 10TH ST. ♦ KANSAS CITY, MISSOURI ♦ 64105-1616

816-701-8100 ♦ 800-616-4226 ♦ IAAO.ORG

CAE ♦ AAS ♦ CMS ♦ RES ♦ PPS ~ PROFESSIONAL DESIGNATIONS

2019 OFFICER TRAVEL/EVENT INFORMATION

Please click submit when form is completed. For questions contact Cindy Mead at mead@iaao.org

<p>Organization Name Address City, State, Zip Phone No. Email Address Web site Is there anything special about your organization you would like us to know</p>	<p>Organization Contact Name Title/Position Phone No. Email Address</p>
<p>Event Name Begin Date End Date Estimated Attendance Location of Event Address City State/Prov. Country Phone No. Event Hotel</p>	<p>Invitation Which IAAO officer would you like to attend? <input type="checkbox"/> Pres. Boncoskey <input type="checkbox"/> Pres. Elect Rasmussen <input type="checkbox"/> Vice Pres. McHenry <input type="checkbox"/> Past Pres. Jacks <input type="checkbox"/> Executive Director Worth <input type="checkbox"/> No Preference <i>Note: Officer choice is subject to availability</i> Do you require the officer to register for your Event? Yes <input type="checkbox"/> No <input type="checkbox"/> Will your organization take care of registering the IAAO officer for the Event? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Invitation Details Are there specific times when you would like the IAAO officer to speak (Function/Date/Time)? Is there a specific topic you would like addressed? How long would you like them to speak?</p>	<p>Please select the Officer's role at the Event: Officer Installation Keynote Speaker Presentation Networking Would you like IAAO materials for the Event? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what specifically? <input type="checkbox"/> Membership Materials <input type="checkbox"/> Promotional Items <input type="checkbox"/> Display Booth Other</p>
<p>Travel/Hotel Arrangements What is the closest major airport to the Event location? How many miles/kilometers is the airport from the Event location? _____ Special travel recommendations?</p>	<p>Will your organization provide transportation to and from the airport? Yes <input type="checkbox"/> No <input type="checkbox"/> Will your organization make the hotel arrangements? Yes No Will your organization pay the hotel room expenses (excluding incidentals)? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

The IAAO officer travel schedule is established early in the year and the budget for travel is limited. It is important to make your request early to avoid scheduling conflicts. Every attempt is made to accommodate requests, but sometimes it is not possible to do so. As a general rule, IAAO will pay for the roundtrip airfare and expenses up to the officer's arrival at your event. It is requested that ground transportation for arrival and departure, hotel accommodations and registration be paid by the sponsoring organization. In the event this would be a hardship for your organization, please notify IAAO.



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Remaining form for Headquarter use only

IAAO Travel Preparation, Activity and Reporting Form

Name:

Event Begin Date:

Event End Date:

Destination
City:

State/
Province:

Country:

Hotel:

IAAO opportunities
at the Event:

Chapter Networking

Allied Group Interaction

International Networking

Professional Development

Other:

What was the Event attendance?

Funding Required:

Airfare:

Hotel:

Explain the goals of the trip:

Your role at
this Event:

Officer Installation

Keynote Speaker

Presentation

Networking

Please select departments
for headquarter follow up:

Membership

Technical Assistance

Education

Marketing

Do you recommend that attendance of this event continue in the future?

Yes

No

Action items for follow up:

Department Follow Up Assigned to:

Notes: