



AAG

ASSOCIATION of
AMERICAN GEOGRAPHERS

Childcare Subsidy Form

2021 AAG-GPRM Regional Meeting October 14-16 Lincoln, Nebraska

The AAG will provide limited reimbursement to registered attendees to subsidize part of the necessary child care expenses incurred during the meeting at a licensed child care agency up to a maximum of \$150. Subsidy forms should be submitted to the conference chair after the meeting along with original receipts that clearly show the hourly or daily rate and the number of hours for each day. The conference chair will collect all subsidy requests and forward them to AAG who will process the requests and issue a check that will be mailed to you. Total reimbursement is limited to \$150 per family.

After the conference, please mail this form and all receipts to:

Rebecca Buller
AAG-GPRM 2021 Childcare Subsidy Program
Geography Program, School of Global Integrative Studies
660 N. 12th Street
Lincoln NE 68588-0370

Reimbursement is only available for childcare on-site in Lincoln, Nebraska. No reimbursement is made for childcare at your home while you are in Lincoln or for childcare provided by anyone other than a licensed childcare agency.

All childcare arrangements should be made by the individual attendee. Visit Child Care Aware (<https://www.childcareaware.org/state/nebraska/>) to request a list of childcare facilities in Lincoln. The [Nebraska Department of Health and Human Services](#) maintains inspected results for licensed child care facilities in Nebraska. The conference chairs do not endorse, recommend, or promote any one facility. Responsibility for selection and investigation of a facility's credentials is the sole responsibility of the child's parent or guardian.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Name of Childcare Agency: _____

Phone Number of Childcare Agency: _____

Tax ID of Childcare Agency: _____

Number of Hours to be Reimbursed: _____ Hourly Rate to be Reimbursed: _____

Total Reimbursement Requested: _____

Maximum \$150