



WOMEN’S INTERNATIONAL NETWORK OF UTILITY PROFESSIONALS

AEP 2017 CONFERENCE SPONSORSHIP AWARD APPLICATION

1. CONTACT INFORMATION:

A. Name: _____
(Last) (First)

B. AEP Status (Active or Retired): _____

C. WiNUP Chapter and year joined: _____
(Leave blank if you are not a WiNUP member)

D. Work Location: _____
(AEP Company Name - now or when you retired)

E. Contact Information:

Phone: _____ **Email:** _____
(External Number)

2. GENERAL:

A. Do you have approval to attend the conference: ___ (Yes) ___ (No)

B. Attach a statement (approximately 100 words) describing the reasons why you desire to attend the 2017 WINUP Conference and how attendance at this conference will benefit you professionally.

3. OBLIGATION AND UNDERSTANDING

I declare that all information supplied on this application is true and accurate. I further understand that this sponsorship is for conference fees only. Also upon selection and subsequent acceptance, I will attend the entire conference and agree to write a thank you letter to AEP following the conference.

(Signature of applicant)

(Date)

**Email complete application (with signature) by August 1, 2017
to kmgilmer@aep.com**