



# AAG

AMERICAN ASSOCIATION  
of GEOGRAPHERS

## Childcare Subsidy Form

**2022 AAG-GPRM**  
**Regional Meeting**  
October 14-15, 2022  
University of Denver

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The AAG will provide limited reimbursement to registered attendees to subsidize part of the necessary childcare expenses incurred during the meeting at a licensed childcare agency up to a maximum of \$150. Subsidy forms should be submitted to the conference chairs 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 chairs 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:

AAG-GPRM 2022 Childcare Subsidy Program  
Department of Geography and the Environment  
University of Denver  
2050 E. Iliff Ave, Denver, CO 80208

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

All childcare arrangements should be made by the individual attendee. Visit: <https://cdhs.colorado.gov/our-services/child-and-family-services/child-care> for a list of childcare facilities in the Denver area. The Colorado Department of Human Services maintains inspected results for licensed child care facilities in Denver. Neither the conference chairs nor the AAG endorse, recommend, or promote any one agency. Selection and investigation of a childcare agency'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**