

5TH ANNUAL FAA INTERNATIONAL AVIATION SAFETY FORUM



EXHIBITOR REGISTRATION FORM



Omni Shoreham Hotel • December 1-3, 2008 • Washington, DC • Meeting # 081110

By Exhibiting You Will Receive:

- 2 complimentary registration
- Access to the registration list in advance for marketing and promotion
- Recognition in the Exhibitor Directory - part of the conference program
- 1 Six-Foot Skirted Table with 2 Chairs, 1 Table Sign and 1 Easel

Along with your registration please send contact information for your company including main contact name, address, phone number, fax e-mail, website and a 25 word description to be published in conference materials.

Topic of Your Booth: _____

Exhibitor Schedule

Monday, December 1, 2008

12:00 p.m. - 5:00 p.m. Exhibitor Setup

Tuesday, December 2, 2008

7:30 a.m. - 3:30 p.m. Exhibit Hours
Including: Continental Breakfast
Morning Refreshment Break
Lunch
Afternoon Refreshment Break

Wednesday, December 3, 2008

7:30 a.m. - 1:15 p.m. Exhibit Hours
Including: Continental Breakfast
Morning Refreshment Break
Lunch
1:15 p.m. - 3:30 p.m. Exhibitor Tear Down

The Exhibit Hall will be located in the Ambassador Ballroom of the Omni Shoreham Hotel.

Future correspondence will be sent to the address, fax number and/or e-mail address below.

Check here if updated contact information has been provided.

Nickname for Badge _____ E-Mail Address _____
Full Name _____
Title _____
Airport/Company _____
Address _____
City/State/Zip _____
Telephone Number _____ Fax Number _____



Please indicate any special needs to participate and attach a description of your needs.

EXHIBIT FEES

(U.S. funds drawn on a U.S. bank)

1. Table-Top Exhibit.....\$1500

Table-Top exhibit includes: one six foot skirted table, two chairs, one waste basket, one easel and two delegate registrations

2. Additional Booth Personnel.....\$275

Please fill out a separate form with each booth person's name, title, address, phone, fax, and e-mail address

PAYMENT METHOD

Enclosed is my check payable to FAA International Safety Forum, Department 6, Washington DC Total: _____

Purchase Order # _____

Upon receipt of this form, please charge my (circle one): American Express MasterCard Visa

Cardholder Name _____

Account Number _____ Exp. Date _____

Signature _____

Registrations and cancellations must be submitted in writing. Refund requests received before 11/14/08 are subject to a \$125 processing fee for registration and \$500 for exhibit space. There will be no refunds after this date. Substitutions will be accepted without penalties and no-shows will be billed. For all inquiries regarding cancellations and refunds, please contact the AAAE Meetings Department at (703) 824-0504 or email aaameetings@aaae.org.

Return to: AAAE • 601 Madison St., #400 • Alexandria, VA 22314 (USA) or Fax to (703) 820-1395.

Photocopies of this form will be accepted. AAAE accepts registration regardless of race, religion, sex, physical disability and national or ethnic origin. This includes but is not limited to admissions, employment and educational services.