

# EXHIBIT APPLICATION / CONTRACT

## 19th Annual International Women in Aviation Conference

### Town & Country Resort, San Diego, California ~ March 13 - 15, 2008

Please type or print using ballpoint pen. Complete and return this form with your payment. A countersigned copy of this contract confirming your space will be returned to you. Address all applications and correspondence and make checks payable to: **Women in Aviation, International, Attention: Exhibits, 3647 State Route 503 South, West Alexandria, OH 45381 ~ Telephone (937) 839-4647 ~ Fax (937) 839-4645.**

**ASSIGNMENTS WILL BE MADE beginning September 14, 2007. Exhibitors must submit contracts by this date to be assigned by the priority point system. All contracts received after September 14, 2007 will be assigned on a first come, first served basis.**

**FOR OFFICE USE ONLY**      Date: \_\_\_\_\_

Confirmed Space: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

<b>PLEASE RESERVE (Check applicable)</b>	Corporate Member	Non-Corporate Member	<b>TOTAL</b>
<b>Priority Point Registration Deadline ~ Received by September 14, 2007</b>			
<input type="checkbox"/> 1 Exhibit Space 10' X 10' (100 sq. feet)	\$ 975	\$ 1,400	_____
<input type="checkbox"/> 2 Exhibit Spaces 10' X 20' (200 sq. feet)	1,750	2,350	_____
<input type="checkbox"/> 3 Exhibit Spaces 10' X 30' (300 sq. feet)	2,350	3,050	_____
<input type="checkbox"/> Each additional 10' X 10' after 3 spaces	500	700	_____
<b>General Registration ~ September 15 - December 7, 2007</b>			
<input type="checkbox"/> 1 Exhibit Space 10' X 10' (100 sq. feet)	\$ 1,275	\$ 1,675	_____
<input type="checkbox"/> 2 Exhibit Spaces 10' X 20' (200 sq. feet)	2,275	2,875	_____
<input type="checkbox"/> 3 Exhibit Spaces 10' X 30' (300 sq. feet)	3,075	3,875	_____
<input type="checkbox"/> Each additional 10' X 10' after 3 spaces	700	900	_____
<b>Late Registration ~ After December 7, 2007</b>			
<input type="checkbox"/> 1 Exhibit Space 10' X 10' (100 sq. feet)	\$ 1,650	\$ 2,050	_____
<input type="checkbox"/> 2 Exhibit Spaces 10' X 20' (200 sq. feet)	2,550	3,350	_____
<input type="checkbox"/> 3 Exhibit Spaces 10' X 30' (300 sq. feet)	3,450	4,550	_____
<input type="checkbox"/> Each additional 10' X 10' after 3 spaces	900	1,200	_____
<input type="checkbox"/> <b>Corner or end spaces</b> additional	\$ 150	\$ 150	_____
<input type="checkbox"/> <b>Publication Bins</b> Exhibitor \$100.00      Non-Exhibitor \$200.00			_____
<b>TOTAL AMOUNT DUE:</b>			_____

WAI's POLICY IS NO REFUNDS FOR CANCELLATION AT ANY TIME. Due to the increasing demand for exhibit space, **full payment must be included with the application/contract for space to be assigned** (see METHOD OF PAYMENT below).

**EXHIBIT CHOICES:** List the lowest through the highest exhibit numbers if multiple spaces are required. WAI will contact you if your preferences have previously been allocated.

1st Choice: \_\_\_\_\_      2nd Choice: \_\_\_\_\_      3rd Choice: \_\_\_\_\_

**Company Name** to appear in Conference Program \_\_\_\_\_

**Exhibitor wishes to be located near (not guaranteed)** \_\_\_\_\_

**Exhibitor wishes not to be located near (not guaranteed)** \_\_\_\_\_

**THIS CONTRACT IS IN THE NAME OF**     Mr.     Ms.     Mrs.     Other \_\_\_\_\_      WAI Corp Member # \_\_\_\_\_

Your Name: \_\_\_\_\_      Phone : (    ) \_\_\_\_\_

Company Name: \_\_\_\_\_      Fax : (    ) \_\_\_\_\_

Address: \_\_\_\_\_      E-Mail: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Country: \_\_\_\_\_      Zip (+ 4) : \_\_\_\_\_

**SEND EXHIBIT KIT / UPDATES / ETC. TO (if different from above):**

Your Name: \_\_\_\_\_      Phone : (    ) \_\_\_\_\_

Company Name: \_\_\_\_\_      Fax : (    ) \_\_\_\_\_

Address: \_\_\_\_\_      E-Mail: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Country: \_\_\_\_\_      Zip (+ 4) : \_\_\_\_\_

**METHOD OF PAYMENT**     Company Check     Cashier's Check     MasterCard     VISA

Card Number: \_\_\_\_\_      Expiration Date(mm/yy): \_\_\_\_\_

Name on Card: \_\_\_\_\_      Authorized Signature: \_\_\_\_\_