

# Exhibit Application/Contract

**17th Annual International Women in Aviation Conference • Opryland Hotel • Nashville, TN • March 23-25, 2006**

Please type or print using ballpoint pen. Complete and return white and yellow copies with your payment. Keep pink copy for your records. A counter-signed copy of this contract confirming your space will be sent to you. Address all applications and correspondence and make checks payable to: Women in Aviation, International, Attn: Exhibits; 3647 S. R. 503 South, West Alexandria, OH 45381. Phone (937) 558-7655; Fax (937) 558-7656.

**ASSIGNMENTS WILL BE MADE beginning October 5, 2005. Exhibitors must have contracts in by this date to be assigned by the priority point system. All contracts received after October 5 will be assigned on a first-come, first served basis.**

**FOR OFFICE USE ONLY** Date \_\_\_\_\_  
Confirmed Space \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

**PLEASE RESERVE** (check applicable)

**Priority Point Registration Deadline** (Received by October 5, 2005):

- 1 Exhibit Space, 10' x 10' (100 sq. feet)
- 2 Exhibit Spaces, 10' x 20' (200 sq. feet)
- 3 Exhibit Spaces, 10' x 30' (300 sq. feet)
- Each additional 10' x 10' after 3 spaces

CORPORATE MEMBER	NON-CORPORATE MEMBER	Total
\$ 900	\$ 1,300	_____
1,550	2,150	_____
2,050	2,875	_____
550	850	_____

**General Registration** (Received October 6 - November 30, 2005):

- 1 Exhibit Space, 10' x 10' (100 sq. feet)
- 2 Exhibit Spaces, 10' x 20' (200 sq. feet)
- 3 Exhibit Spaces, 10' x 30' (300 sq. feet)
- Each additional 10' x 10' after 3 spaces

\$ 1,150	\$ 1,550	_____
2,000	2,650	_____
2,700	3,550	_____
800	950	_____

**Late Registration** (after November 30, 2005):

- 1 Exhibit Space, 10' x 10' (100 sq. feet)
- 2 Exhibit Spaces, 10' x 20' (200 sq. feet)
- 3 Exhibit Spaces, 10' x 30' (300 sq. feet)
- Each additional 10' x 10' after 3 spaces

\$ 1,450	\$ 1,850	_____
2,350	3,150	_____
3,250	4,350	_____
950	1,200	_____

**NOTE: Corner spaces will be charged an additional \$100 fee**

**Total amount due** \_\_\_\_\_

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 assign the best available space if the selections below have 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 to NOT be located near** (not guaranteed) \_\_\_\_\_

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

Your name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Company name \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Address \_\_\_\_\_ E-mail ( ) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

**SEND EXHIBIT KIT, UPDATES, ETC. TO:** (if different than above)

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Company name \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Address \_\_\_\_\_ E-mail ( ) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

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

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

**RETURN WHITE AND YELLOW COPIES. KEEP PINK COPY.**