

# EXHIBIT APPLICATION / CONTRACT

## 20th Annual International Women in Aviation Conference

### Hyatt Regency Atlanta ~ February 26 - 28, 2009

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 12, 2008. Exhibitors must submit contracts by this date to be assigned by the priority point system. All contracts received after September 12, 2008 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 12, 2008</b>		Standard	Compact	Standard	Compact	
<input type="checkbox"/> 1 Exhibit Space 10' X 10' (100 sq. feet)	<input type="checkbox"/> 8' X 10' - compact	\$ 1,100	\$ 975	\$ 1,550	\$ 1,400	_____
<input type="checkbox"/> 2 Exhibit Spaces 10' X 20' (200 sq. feet)	<input type="checkbox"/> 8' X 20' - compact	1,875	1,750	2,500	2,350	_____
<input type="checkbox"/> 3 Exhibit Spaces 10' X 30' (300 sq. feet)	<input type="checkbox"/> 8' X 30' - compact	2,475	2,350	3,200	3,050	_____
<input type="checkbox"/> Each additional 10' X 10' after 3 spaces	<input type="checkbox"/> 8' X 10' - compact	625	500	850	700	_____
<b>General Registration ~ September 12 - November 21, 2008</b>						
<input type="checkbox"/> 1 Exhibit Space 10' X 10' (100 sq. feet)	<input type="checkbox"/> 8' X 10' - compact	\$ 1,400	\$ 1,275	\$ 1,825	\$ 1,675	_____
<input type="checkbox"/> 2 Exhibit Spaces 10' X 20' (200 sq. feet)	<input type="checkbox"/> 8' X 20' - compact	2,400	2,275	3,025	2,875	_____
<input type="checkbox"/> 3 Exhibit Spaces 10' X 30' (300 sq. feet)	<input type="checkbox"/> 8' X 30' - compact	3,200	3,075	4,025	3,875	_____
<input type="checkbox"/> Each additional 10' X 10' after 3 spaces	<input type="checkbox"/> 8' X 10' - compact	825	700	1,050	900	_____
<b>Late Registration ~ After November 21, 2008</b>						
<input type="checkbox"/> 1 Exhibit Space 10' X 10' (100 sq. feet)	<input type="checkbox"/> 8' X 10' - compact	\$ 1,750	\$ 1,650	\$ 2,150	\$ 2,050	_____
<input type="checkbox"/> 2 Exhibit Spaces 10' X 20' (200 sq. feet)	<input type="checkbox"/> 8' X 20' - compact	2,650	2,550	3,450	3,350	_____
<input type="checkbox"/> 3 Exhibit Spaces 10' X 30' (300 sq. feet)	<input type="checkbox"/> 8' X 30' - compact	3,550	3,450	4,650	4,550	_____
<input type="checkbox"/> Each additional 10' X 10' after 3 spaces	<input type="checkbox"/> 8' X 10' - compact	1,000	900	1,300	1,200	_____
<input type="checkbox"/> <b>Corner or end spaces</b> additional		\$ 200	\$ 200	\$ 200	\$ 200	_____
<input type="checkbox"/> <b>Publication Bins</b>	Exhibitor: \$100      Non-Exhibitor: \$ 200					_____
<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**     Check (payable to Women in Aviation)     MasterCard     VISA

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

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