



Please type or print using ballpoint pen. Complete and return this form with your payment. An email confirming your space will be sent 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 19, 2011. Exhibitors must submit contracts by this date to be assigned by the priority point system. All contracts received after September 19, 2011 will be assigned on a first come, first served basis. **CONTRACTS RECEIVED BY AUGUST 15, 2011 WILL RECEIVE A \$100 DISCOUNT.**

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

| PLEASE RESERVE (Check applicable)  | Corporate Member | Non-Corporate Member     | TOTAL |
|--|------------------|--------------------------|-------|
| <b>Priority Point Registration Deadline ~ Received by September 19, 2011</b>               |                  |                          |       |
| <input type="checkbox"/> 1 Exhibit Space 10' X 10' (100 sq. feet)                          | \$ 1,300         | \$ 1,800                 | _____ |
| <input type="checkbox"/> 2 Exhibit Spaces 10' X 20' (200 sq. feet)                         | 2,350            | 2,950                    | _____ |
| <input type="checkbox"/> 3 Exhibit Spaces 10' X 30' (300 sq. feet)                         | 3,250            | 3,900                    | _____ |
| <input type="checkbox"/> Each additional 10' X 10' after 3 spaces                          | 850              | 1,050                    | _____ |
| <b>General Registration ~ September 20 - November 14, 2011</b>                             |                  |                          |       |
| <input type="checkbox"/> 1 Exhibit Space 10' X 10' (100 sq. feet)                          | \$ 1,650         | \$ 2,100                 | _____ |
| <input type="checkbox"/> 2 Exhibit Spaces 10' X 20' (200 sq. feet)                         | 2,850            | 3,300                    | _____ |
| <input type="checkbox"/> 3 Exhibit Spaces 10' X 30' (300 sq. feet)                         | 4,100            | 4,800                    | _____ |
| <input type="checkbox"/> Each additional 10' X 10' after 3 spaces                          | 1,050            | 1,250                    | _____ |
| <b>Late Registration ~ After November 15, 2011</b>   |                  |                          |       |
| <input type="checkbox"/> 1 Exhibit Space 10' X 10' (100 sq. feet)                          | \$ 1,950         | \$ 2,350                 | _____ |
| <input type="checkbox"/> 2 Exhibit Spaces 10' X 20' (200 sq. feet)                         | 3,450            | 4,150                    | _____ |
| <input type="checkbox"/> 3 Exhibit Spaces 10' X 30' (300 sq. feet)                         | 4,650            | 5,750                    | _____ |
| <input type="checkbox"/> Each additional 10' X 10' after 3 spaces                          | 1,250            | 1,450                    | _____ |
| <input type="checkbox"/> <b>Corner or end spaces</b> additional                            | \$ 250           | \$ 300                   | _____ |
| <input type="checkbox"/> <b>Publication Bins</b> Exhibitor \$150.00 Non-Exhibitor \$250.00 |                  |                          | _____ |
|  |                  | <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  AmEx

Card Number: \_\_\_\_\_ Expiration (mm/yy): \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

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