



DISNEY'S CORONADO
SPRINGS RESORT
March 5-7, 2020



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Sign up now and SAVE
on the
31st Annual WAI Conference
in Lake Buena Vista, Florida!

Name _____ WAI Membership Number _____

New Member (please complete Membership Form) Renewing Member (please complete Membership Form)

Preferred First Name for Badge _____

Aviation Affiliation/Occupation _____

Company/Educational Institution _____

Address home work _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone home work cell _____ E-mail _____

I would like to volunteer at the Conference.

Register TODAY! (Advance pricing through September 15, 2019)

____ Full Registration (includes tickets for opening reception, luncheon and banquet)

Member

Non-Member

\$360

\$410

____ Student, Full Time (includes tickets for opening reception and luncheon, banquet NOT included)

\$175

\$190

Total Payment \$ _____ \$ _____

Payment Policy: Registration fees will be applied at rates in effect at the time payment is made online, by fax, by phone or postmarked. If discrepancies occur in check payments, the check amount will be applied to conference fees, and the registrant will be billed for remaining fees. If payment is made by credit card, the full effective rate will be charged to the credit card. **Refund Policy:** Full refunds for cancellations will be given until January 27, 2020 midnight EST. From January 28, 2020 through February 24, 2020 midnight EST, the registration fee less \$75 will be refunded.

After February 24, 2020 midnight EST, no refunds will be given. If you cannot attend, you may donate conference fees as a charitable donation or transfer your registration to another person in the same registration category.



Registrations are accepted only with accompanying check or credit card payment (no purchase orders). If paying for more than one registration, all registration forms must be together with payment.

Form of Payment (must be payable in U.S. funds)

MasterCard VISA Amex
 Check (Payable to Women in Aviation International)

Account Number _____

Expiration Date _____ CID _____

Cardholder's Name (Print) _____

Authorized Signature _____
(sign as name appears on credit card)

Return completed form to Stephanie Gordon at sgordon@wai.org.