AVIATION WILDLIFE MANAGEMENT CONFERENCE
Bird Strike Committee USA
AUGUST 20-22, 2024 MINNEAPOLIS/ST. PAUL, MN

EXHIBIT CONTRACT 240803E

thibit Booth Fees: (in USD funds drawn on a U.S. bank)		On/before July 5, 2	2024	After July 5, 2024
ble-Top Exhibit Space with one complimentary registration dditional Booth Personnel		■ \$1,800 USD ■ \$450 USD		■ \$2,100 USD ■ \$500 USD
ackages_				
bletop Exhibit and Continental Breakfast Co-Sponsorship Pack	kage	🗖 \$3,780 USD		
bletop Exhibit and Lunch Co-Sponsorship Package		🗖 \$4,770 USD		
bletop Exhibit and Lunch Co-Sponsorship Package Booth 1 st Choice Bo	oth 2 nd Choice	Booth 3 rd Cho	oice	
Must be a sponsor <u>and</u> exhibitor to present an airport demonstration. Exhibit Booth Cancellation Policy : Cancellation requests received before August 4, 2 shows will be billed. All invoices are due upon receipt. For all inquiries regar at <u>aaaemeetings@aaae.org</u> . By signing this contract, you affirm that you com receive will be handled in full compliance with these requirements. Payment Method:	2024, are subject to a s ding cancellations and	50% processing fee; there I refunds, please contact	e will be no refund the AAAE Meetir	igs Department via email
 Please invoice me (Payment Terms: Due upon receipt) 	Please charge	ge my credit card 1	otal Due \$:	
Card Number #	_ Exp. Date	(CVV/CSV	
Cardholder Name	Signature			
Cardholder Name Please mail all checks to: AAAE, The Barclay Building 601 M	_ Signature 1adison Street A			
Please mail all checks to: AAAE, The Barclay Building 601 M	ladison Street A	lexandria, VA 22314		
Please mail all checks to: AAAE, The Barclay Building 601 M <u>Company Contact</u> : (Name of person who should get all logist	1adison Street A	lexandria, VA 22314		
Please mail all checks to: AAAE, The Barclay Building 601 M	1adison Street A	lexandria, VA 22314		
Please mail all checks to: AAAE, The Barclay Building 601 M <u>Company Contact</u> : (Name of person who should get all logist	ladison Street A	lexandria, VA 22314		
Please mail all checks to: AAAE, The Barclay Building 601 M Company Contact: (Name of person who should get all logistand phone: Email:	ladison Street A ic emails): inted in the direct	lexandria, VA 22314		
Please mail all checks to: AAAE, The Barclay Building 601 M Company Contact: (Name of person who should get all logistal Phone: Email: Exhibitor Directory Information: (exactly how it should be profirst/Last Name Company	ladison Street A ic emails): inted in the direct Title Address	lexandria, VA 22314		
Please mail all checks to: AAAE, The Barclay Building 601 M Company Contact: (Name of person who should get all logistal Phone: Email: Exhibitor Directory Information: (exactly how it should be profirst/Last Name Company	ladison Street A ic emails): inted in the direct Title Address	lexandria, VA 22314		
Please mail all checks to: AAAE, The Barclay Building 601 M Company Contact: (Name of person who should get all logista Phone:	ic emails): inted in the direct Title Address	lexandria, VA 22314 ory) Telephone		
Please mail all checks to: AAAE, The Barclay Building 601 M Company Contact: (Name of person who should get all logistal Phone: Email: Exhibitor Directory Information: (exactly how it should be property last Name Company Company City/State/Zip W	ladison Street A ic emails): inted in the direct Title Address 'ebsite	lexandria, VA 22314 ory) Telephone		
Please mail all checks to: AAAE, The Barclay Building 601 M Company Contact: (Name of person who should get all logistic Phone:Email: Exhibitor Directory Information: (exactly how it should be proprieted by the should be proprised by the should be proprieted by the should b	ladison Street A ic emails): inted in the direct Title Address 'ebsite ry Registration	lexandria, VA 22314 ory) Telephone		
Please mail all checks to: AAAE, The Barclay Building 601 M Company Contact: (Name of person who should get all logistic Phone:Email: Exhibitor Directory Information: (exactly how it should be proprieted by the should be proprised by the should be proprieted by the should b	ladison Street A ic emails): inted in the direct Title Address 'ebsite ry Registration	lexandria, VA 22314 ory) Telephone		
Please mail all checks to: AAAE, The Barclay Building 601 M Company Contact: (Name of person who should get all logistal Phone: Email: Exhibitor Directory Information: (exactly how it should be prace First/Last Name Company City/State/Zip Email W Booth Personnel: Check if same as above *Complimentar 1) First/Last Name Address	ladison Street A ic emails): inted in the direct Title Address 'ebsite ry Registration Title City/Sta	lexandria, VA 22314 ory) Telephone ate/Zip		
Please mail all checks to: AAAE, The Barclay Building 601 M Company Contact: (Name of person who should get all logistal Phone: Email: Exhibitor Directory Information: (exactly how it should be property last Name First/Last Name Company City/State/Zip W Booth Personnel: Check if same as above *Complimentar 1) First/Last Name Address	Iadison Street Aladison Street Aladison Street Aladison ic emails): inted in the direct Title Address 'ebsite ry Registration Title Title Title	lexandria, VA 22314 ory) Telephone ate/Zip		
Please mail all checks to: AAAE, The Barclay Building 601 M Company Contact: (Name of person who should get all logistal Phone: Email: Exhibitor Directory Information: (exactly how it should be property last Name Company Company City/State/Zip W Booth Personnel: Check if same as above *Complimentar 1) First/Last Name M Address Email Telephone Email Additional Booth Personnel: *\$450 early/\$500 late USD each 2) First/Last Name State VSD each	Iadison Street Aladison Street Aladison Street Aladison ic emails): inted in the direct inted in the direct	lexandria, VA 22314 ory) Telephone ate/Zip		
Please mail all checks to: AAAE, The Barclay Building 601 M Company Contact: (Name of person who should get all logistal Phone: Email: Exhibitor Directory Information: (exactly how it should be property last Name Company Company City/State/Zip W Booth Personnel: Check if same as above *Complimentar 1) First/Last Name M Address Email Telephone Email Additional Booth Personnel: *\$450 early/\$500 late USD each 2) First/Last Name State VSD each	ladison Street Al ic emails): inted in the direct Title Address 'ebsite 'ry Registration Title City/Standard 'title City/Standard City/Standard	lexandria, VA 22314 ory) Telephone ate/Zip		

ONote: This registration information will be listed publicly. Check this box if you do **NOT** want this information shared.

If you require any special assistance to participate or have special dietary requirements, email aaaemeetings@aaae.org

Email the completed form to: lisa.williams@aaae.org. Please send your 350-character / 25-word company description and company logo (hi-res .png .jpg, or .eps file type) to christian.escobar@aaae.org – Additional questions? Call Lisa Williams at 571.560.1765. AAAE accepts registration regardless of race, religion, sexual orientation, sex, physical disability and national or ethnic origin. This includes but is not limited to admissions, employment, and educational services. Additional Booth Personnel Cancellation Policy: Registrations and cancellations must be submitted in writing. Cancellation requests received before August 4, 2024, are subject to a \$125 processing fee. There will be no refunds after this date. Substitutions will be accepted without penalties, and no-shows will be billed. For all inquiries regarding cancellations and refunds, please contact the AAAE Meetings Department at 703-824-0504 or email aaaemeetings@aaae.org