

Taking Off in the "Green" Mountains



BURLINGTON INTERNATIONAL AIRPORT

Join us in Celebrating our 90th anniversary of flight

AAAE-NEC 52nd Annual Conference
August 14-18, 2010

Online Registration – Visa, MasterCard, American Express

OR

Mail to: 2010 NEC-AAAE Conference
c/o Expo Trac
P.O. Box 1280, Woonsocket, RI 02895

Please make checks payable to NEC-AAAE Annual Conference

Changes and cancellations: paulr@expotrac.com or fax: 401-765-6677

1. REGISTRATION INFORMATION

(All Fields Marked With An * Must Be Completed)

*First Name: _____ MI _____ *Last Name: _____

*Nickname for Badge _____

*Company: _____

Job Title: _____

Certification (A.A.E., C.M., P.E.) _____

*Address 1: _____

*Address2: _____

*City: _____ State: _____

Zip/Postal Code: _____ Country: (Outside of U.S.) _____

*Telephone # (w/ext.): _____ Fax: _____

*Email Address: _____

Are you a first time attendee? Yes: _____ No: _____

2. REGISTRATION You must choose one of the following:

Current rate:

- | | |
|---|-------|
| <input type="checkbox"/> Non-Member ** [NM] | \$650 |
| <input type="checkbox"/> Member ** [ME] | \$500 |
| <input type="checkbox"/> Corporate ** [CO] | \$550 |
| <input type="checkbox"/> Corporate Non-Member ** [CN] | \$650 |

(Note: The following exhibitor fees include one registration and one guest with admittance to any events or general sessions and one booth rental. Guest cannot be another company employee.)

- | | |
|--|---------|
| <input type="checkbox"/> Exhibitor – Corporate ** [EXO] | \$1,150 |
| <input type="checkbox"/> Exhibitor – Corporate Non-Member ** [EXN] | \$1,250 |

The registrant completing this form will be listed as the exhibitor who will receive the complimentary registration.

Additional booth staff full conference registrations @ \$450 (member) or \$550 (non-member). Check appropriate box above. Please use separate form for any additional attendees.

Name: _____

Name: _____

Name: _____

Student

Student One Day Rate – \$100

- | |
|---|
| <input type="checkbox"/> One Day Rate – Saturday-\$100 [STS] |
| <input type="checkbox"/> One Day Rate – Sunday -\$100 [STSU] |
| <input type="checkbox"/> One Day Rate – Monday - \$100 [STMO] |
| <input type="checkbox"/> One Date Rate – Tuesday - \$100 [STTU] |

One Day Registration:

- One Day Rate – Saturday-\$150 [S]
- One Day Rate – Sunday -\$150 [SU]
- One Day Rate – Monday - \$150 [MO]
- One Date Rate – Tuesday - \$150 [TU]

NOTE: **These registration fees include one (1) Guest and Children under the age of 18. [A Guest is defined as a Spouse, Significant Other/Friend and or an Adult Child who is not in an industry related occupation. A co-worker or an associate within the industry may not be registered as a Guest. Each Guest must be the Guest of a Full Conference Registrant. A Full Conference Registrant may register one (1) Guest and Children under the age of 18.]

Guest Name (1): _____

Child Name (2): _____

Child Name (3): _____

Child Name (4): _____

Optional Selection:

- Golf **\$65 each** - Monday, August 16 at Vermont National Country Club [G]

Please indicate name (s) of those playing:

Name (s): _____

Please indicate the number of people attending each special event:

- [] Icebreaker Reception – Sheraton (Saturday, August **14**, 2010) [IB]
- [] Reception at Leahy Echo Center - Lakefront (Sunday, August **15**, 2010) [AQ]
- [] Corporate Appreciation Award Luncheon (Tuesday, August **17**, 2010) [CL]
- [] Closing Reception and 52nd Annual Banquet (Tuesday, August **17**, 2010) [CR]
- [] Northern Lights Cruise on Lake Champlain (Monday, August 16, 2010) [NL]

\$10.00 per person (includes buffet lunch)

\$_____ Subtotal cost for Northern Lights Cruise

Please be aware: If you register for an event it's **very important** that you attend. The NEC-AAAE Chapter pays in advance for all registered attendees. If for any reason you are unable to attend please email paulr@expotracs.com or fax: 401 765-6677 prior to the conference commencement.

TOTAL: _____

3. PAYMENT (*Payment must accompany registration*)

*Credit Card Type: Mastercard Visa American Express

*Card Number: _____ Expiration Date: _____

*Name on Card: _____

Please consider being an “**Airport Angel**”. Your “**Tax Deductible**” donation would go towards assisting the Chapter in covering some of the expenses of the conference and supporting member services.

- Airport Angel - \$ 50.00 [A1]
- Airport Angel - \$ 100.00 [A2]
- Airport Angel - \$ 250.00 [A3]
- Airport Angel - \$ 500.00 [A4]
- Airport Angel – above \$ 500.00 (write in dollar amount \$ _____)[A5]

4. SPONSORSHIP

If you are interested in sponsoring one of the events or any of the other sponsorship opportunities, contact Debbie Wright at (781) 834-1053, or e-mail to debrawright1031@aol.com.

CANCELLATION POLICY: There is cancellation fee of \$75.00 (US) for all cancellations after **July 15, 2010**