

2014 ANNUAL CONFERENCE

March 23, 2014 - March 26, 2014

SOUTH CENTRAL CHAPTER



Exhibitor Registration Form

You are cordially invited to showcase and highlight your company's services and products to airport and aviation professionals from around the region.

Please complete and return this form in order to reserve your space. Space is limited and is on a first-come, first-served basis. Exhibit space assignments will be made by the Conference Committee. Any preferences or special considerations should be noted on this form.

In order to secure your space, payment must accompany this form. Faxed or emailed forms will only be accepted once payment is received.

EXHIBITOR INFORMATION Company Name: _____ Contact: Email: Mailing Address: Telephone: State: Zip: City: Additional attendees please fill out a conference registration form and submit. **REQUIREMENTS:** Exhibit Space - \$550.00 (includes skirted table and two (2) chairs) ☐ Internet – YES or NO (Please circle one) ☐ Electricity – YES or NO (Please circle one) What type of exhibit do you have (circle one)? Table top or Free Standing Special Considerations: Exhibit set-up times are from 8:00am to 5:00pm on Sunday, March 23, 2014. Would your company like to contribute a door prize (circle one)? YES or NO For any additional services needed, please contact the **Daniel Jiron at (505) 244-7780 or diiron@cabq.gov PAYMENT METHOD** ☐ Enclosed is my check payable to: NMML-SCC/AAAE Name on Card: ☐ Purchase Order# Card Number: ☐ Upon receipt of this form, please charge my credit card Expiration Date: \$_____(circle one): VISA MasterCard Signature: