

Exhibitor Application

EAA® AirVenture® Oshkosh™ 2017 |

July 24-30, 2017



EXHIBITOR INFORMATION

Company Name: _____ D/B/A Name: _____
(to be listed in all complimentary listings and mailings exactly as shown)

Company Representative: _____ Title: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Website: _____

Federal I.D. Number, Social Security Number or WI Sales Tax Number: _____ Year started exhibiting at EAA AirVenture Oshkosh: _____
(U.S. Companies required to provide) (Must be consecutive - 2017)

ACCOUNTING CONTACT

AP Contact: _____ Email: _____ Phone: _____

EXHIBIT SPACE

Number of Booths: _____ Booth Size: _____

Preferred Locations*: _____ #1 _____ #2 _____ #3 _____

Booth Choice Notes: _____

**EAA reserves the right to assign the booth nearest the ones that have been requested in the event the chosen booths have already been taken/assigned.*

PAYMENT INFORMATION

Total Booth Cost: _____ **Full payment is due with application****

Payment Type: ☐ Check ☐ Credit Card Check Number: _____

Please use the Payment Authorization form for credit card payments.

**** After April 1, 2017 ALL booth/site payments must be in the form of certified check, credit card or money order**

The undersigned is an authorized representative of the Applicant Company, and has read and agrees to all the Exhibitor Application Terms and Conditions/Rule & Regulations set forth in the HOW TO EXHIBIT section of the online EAA AirVenture 2017 Exhibitor's Web Pages, which is hereby incorporated into this Application as if printed here in full.

Name (print please): _____

Authorized Signature: _____

CANCELLATION POLICY: Exhibitor cancellation of exhibit space must be made in writing. After April 1, 2017, refund of exhibit fees will be made only if and when the display area is full and exhibitor's space has been reassigned. Allow 6-8 weeks for refund.

2017 IMPORTANT DATES

Discount Registration: (2% off posted rates, if paid in full).....9/1/16
Priority Rating (first right of refusal).....9/1/16
Regular Registration: (2017 posted rates)9/2/16-3/31/17
Late Registration: (2% added to posted rates).....Begins 4/1/17
Please review Application/Payment process for clarification on above deadlines.

PRODUCT/SERVICE INFORMATION

Please indicate below which category best describes the products/services you will display at your booth (check primary category ONLY).

- | | |
|--|---|
| <input type="radio"/> Aircraft Manufacturing/Sales | <input type="radio"/> Finance/Insurance |
| <input type="radio"/> Aircraft Sales | <input type="radio"/> Hangar Parts and Supplies |
| <input type="radio"/> Airport/FBO | <input type="radio"/> Headsets/Flight Gear |
| <input type="radio"/> Apparel/Jewelry/Art | <input type="radio"/> Maintenance Supplies |
| <input type="radio"/> Aviation Careers | <input type="radio"/> Military/Government |
| <input type="radio"/> Association | <input type="radio"/> Miscellaneous |
| <input type="radio"/> Avionics | <input type="radio"/> Modifications/Refurbishing |
| <input type="radio"/> Education/Training | <input type="radio"/> Publications |
| <input type="radio"/> Engines/Propellers | <input type="radio"/> Software Applications/Flight Planning |
| <input type="radio"/> Equipment/Parts | <input type="radio"/> Travel |

PRODUCT/SERVICE DESCRIPTION

Please describe your product/service (75 characters or less).

Mail or fax this form to: Accounts Receivable, 2017 Exhibitor Application, 3000 Poberezny Rd., Oshkosh, WI 54902

1.800.236.1025 | Fax: 920.426.4828 | exhibits@eaa.org