## **Exhibitor Application**



EAA® AirVenture® Oshkosh™ 2017 | July 24-30, 2017

exhibitor's space has been reassigned. Allow 6-8 weeks for refund.

## **EXHIBITOR** INFORMATION

Company Name:	D/B/A Name:	D/B/A Name:		
2	·	, ,		
Company Representative:				
Address:			ip: Country:	
Phone: Fax:				
Federal I.D., Social Security or WI Sales Tax Number:	Year your company was founded: _	Year started exhibi (Must be consecutive - 20	ting at EAA AirVenture Oshkosh:	
ACCOUNTING CONTACT				
AP Contact: Email:		Phone :		
EXHIBIT SPACE		2017 <b>IMPORTAN</b>	T DATES	
Number of Booths: Booth Size:			posted rates, if paid in full)9/1/16	
Preferred Locations*:			usal)	
#1 #2 Booth Choice Notes:	#3	-	sted rates)	
*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.		PRODUCT/SERVICE INFORMATION  Please indicate below which category best describes the products/ services you will display at your booth (check primary category ONLY).  O Aircraft Manufacturing/Sales O Finance/Insurance O Aircraft Sales O Hangar Parts and Supplies		
PAYMENT INFORMATION		O Airport/FBO O Apparel/Jewelry/Art	<ul><li>O Headsets/Flight Gear</li><li>O Maintenance Supplies</li></ul>	
Total Booth Cost: Full payment i		<ul><li>Aviation Careers</li><li>Association</li><li>Avionics</li></ul>	<ul><li>Military/Government</li><li>Miscellaneous</li><li>Modifications/Refurbishing</li></ul>	
Payment Type: O Check O 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		O Education/Training O Engines/Propellers O Equipment/Parts	<ul><li>O Publications</li><li>O Software Applications/Flight Planning</li><li>O Travel</li></ul>	
The undersigned is an authorized representative of the Applicant Corto all the Exhibitor Application Terms and Conditions/Rule & Regula EXHIBIT section of the online EAA AirVenture 2017 Exhibitor's incorporated into this Application as if printed here in full.	ations set forth in the HOW TO		/ICE DESCRIPTION /service (75 characters or less).	
Name (print please):				
Authorized Signature:				
<b>CANCELLATION POLICY:</b> Exhibitor cancellation of exhibit spar After April 1, 2017, refund of exhibit fees will be made only if and w				

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