EXHIBIT APPLICATION / CONTRACT

22nd Annual International Women in Aviation Conference

Grand Sierra Resort and Casino, Reno, Nevada ~ February 24 - 26, 2011

Please type or print using ballpoint pen. Complete and return this form with your payment. An email confirming your space will be sent to you. Address all applications and correspondence and make checks payable to: **Women in Aviation, International, Attention: Exhibits, 3647 State Route 503 South, West Alexandria, OH 45381 ~ Telephone (937) 839-4647 ~ Fax (937) 839-4645.**

ASSIGNMENTS WILL BE MADE beginning September 13, 2010. Exhibitors must submit contracts by this date to be assigned by the priority point system. All contracts received after September 13, 2010 will be assigned on a first come, first served basis.

FOR OFFICE USE ONLY Date: _____

Confirmed Space: _____

Authorized Signature: _____

PLEASE RESERVE (Check applicable)	Corporate Member	Non-Corporate Member	**TOTAL**
Priority Point Registration Deadline ~ Received by September 13, 2010			
❑ 1 Exhibit Space 10' X 10' (100 sq. feet)	$ 1,250	$ 1,750	
❑ 2 Exhibit Spaces 10' X 20' (200 sq. feet)	2,250	2,850	
❑ 3 Exhibit Spaces 10' X 30' (300 sq. feet)	3,150	3,800	
❑ Each additional 10' X 10' after 3 spaces	750	950	
General Registration ~ September 14 - November 15, 2010			
❑ 1 Exhibit Space 10' X 10' (100 sq. feet)	$ 1,650	$ 2,100	
❑ 2 Exhibit Spaces 10' X 20' (200 sq. feet)	2,850	3,300	
❑ 3 Exhibit Spaces 10' X 30' (300 sq. feet)	4,100	4,800	
❑ Each additional 10' X 10' after 3 spaces	1,050	1,250	
Late Registration ~ After November 15, 2010			
❑ 1 Exhibit Space 10' X 10' (100 sq. feet)	$ 1,950	$ 2,350	
❑ 2 Exhibit Spaces 10' X 20' (200 sq. feet)	3,450	4,150	
❑ 3 Exhibit Spaces 10' X 30' (300 sq. feet)	4,650	5,750	
❑ Each additional 10' X 10' after 3 spaces	1,250	1,450	
❑ **Corner or end spaces** additional	$ 200	$ 200	
❑ **Publication Bins** Exhibitor $100.00 Non-Exhibitor $200.00			
		TOTAL AMOUNT DUE:	

WAI's POLICY IS NO REFUNDS FOR CANCELLATION AT ANY TIME. Due to the increasing demand for exhibit space, **full payment must be included with the application/contract for space to be assigned** (see METHOD OF PAYMENT below).

EXHIBIT CHOICES: List the lowest through the highest exhibit numbers if multiple spaces are required. WAI will contact you if your preferences have previously been allocated.

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Company Name to appear in Conference Program _____

Exhibitor wishes to be located near (not guaranteed) _____

Exhibitor wishes not to be located near (not guaranteed) _____

THIS CONTRACT IS IN THE NAME OF ❑ Mr. ❑ Ms. ❑ Mrs. ❑ Other _____ WAI Corp Member # _____

Your Name: _____ Phone : ( ) _____

Company Name: _____ Fax : ( ) _____

Address: _____ E-Mail: _____

City: _____ State: _____ Country: _____ Zip (+ 4) : _____

SEND EXHIBIT KIT / UPDATES / ETC. TO (if different from above):

Your Name: _____ Phone : ( ) _____

Company Name: _____ Fax : ( ) _____

Address: _____ E-Mail: _____

City: _____ State: _____ Country: _____ Zip (+ 4) : _____

METHOD OF PAYMENT ❑ Company Check ❑ Cashier's Check ❑ MasterCard ❑ VISA

Card Number: _____ Expiration Date(mm/yy): _____

Name on Card: _____ Authorized Signature: _____