

Advanced Registration Form

2010 Fall Conference • Sunday, October 31 - Thursday, November 4

Marco Island Marriott Resort & Spa



Please return completed form and payment to **ADMA Headquarters by Thursday, October 7, 2010:**

Aviation Distributors and Manufacturers Association

100 North 20th Street, Suite 400

Philadelphia, PA 19103-1443

Tel: 215-564-3484 • FAX: 215-564-2175

Email: mtaft@fernley.com

If we have a question, whom should we contact?

Name _____

E-mail _____

Please Check One Member Category

_____ Distributor _____ Manufacturer _____ Associate _____ Honorary

_____ **Full Name** _____ **Nickname**

1st Delegate _____ **Title** _____

Email _____

Spouse/
Companion _____

_____ **Full Name** _____ **Nickname**

2nd Delegate _____ **Title** _____

Email _____

Spouse/
Companion _____

_____ **Full Name** _____ **Nickname**

3rd Delegate _____ **Title** _____

Email _____

Spouse/
Companion _____

Please indicate your selections by checking the appropriate box

Delegates: 1st 2nd 3rd

Delegate (all industry employed attendees)	\$495			
Associate Member (trade press)	\$495			
Spouse/ Companion	\$195			
Honorary Member	N/C			
Golf Tournament	\$85			
Golf Handicap (please provide in box →)				
Golf Average Score (please provide in box →)				
Golf Club Rental	<input type="checkbox"/> R <input type="checkbox"/> L			
Golf Hole Sponsorship	\$100			
Silent Auction Contribution (Optional)				
Catamaran Excursion	\$85			
Pottery Painting Excursion	\$50			

Is this your first time attending an ADMA meeting? Yes No

Do you have any dietary restrictions? Yes No

If yes, please specify: _____

Payment: All registrations must be prepaid. Keep a copy of this for your records. Checks should be made payable to ADMA. Note: If paying by credit card, inform cardholder that charges on credit card statement will appear as ADMA.

Total Registration \$ _____

Check Check # _____

Visa MasterCard American Express

Card # _____

Expiration Date _____

Cardholder Name _____

Signature _____

Payment: All registrations must be prepaid. Keep a copy of this for your records. Checks should be made payable to ADMA.

	Qty	Price	Amount
Delegate	_____	\$495	_____
Associate	_____	\$495	_____
Spouse/Companion	_____	\$195	_____
Honorary	_____	N/C	_____
Golf Tournament	_____	\$85	_____
Golf Hole Sponsorship	_____	\$100	_____
Catamaran Excursion	_____	\$85	_____
Pottery Painting	_____	\$50	_____

Optional Donation to ADMA Scholarship Fund \$ _____

Total Amount Due \$ _____

Company Name _____

Address _____

City, State, Zip Code _____

Telephone Fax _____

Payment is due at time of registration. Registrations will not be processed and registrants will not appear in the registration lists or program booklet until paid in full.


**Registration Deadline:
Thursday, October 7, 2010!**

ADMA Registration Instructions

2010 Fall Conference

**Marco Island Marriott
Resort & Spa**

**Marco Island, Florida
October 31 - November 4, 2010**



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Philadelphia, PA 19103-1443
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mtaft@fernley.com • www.adma.org

1. **IMPORTANT!** Please fill out all registration forms carefully. Be sure to check the appropriate membership information.
2. **PRINT or TYPE** the names of the individuals who will be attending the Meeting. Nicknames will be used on badges. Please list all members of your firm and spouses for whom registration fees are enclosed. Individual names and company will appear exactly as you indicate. Photocopy this form as needed.
3. **Registration Deadline** is Thursday, October 7, 2010. Only those names received by that date will appear in the Advance Registration List.
4. **Acknowledgements** will be sent directly to each registered delegate via e-mail. All badges will be available for pickup at the ADMA Meeting Registration Desk.
5. Please **keep a copy** of the completed registration form for your records.
6. **Payment** by check or credit card must be received at the time of registration. If you are paying by check, please remit one check payable to the Aviation Distributors and Manufacturers Association (ADMA) for Meeting Functions listed on this form.

7. The **fee** for delegate and spouse provides admittance to all ADMA Meeting Events.
8. **Badges** admit delegates and spouses to all functions. Badges will be available for pick up at the Meeting Registration Desk.
9. **Meeting cancellations** must be submitted to ADMA headquarters in writing. Requests for refunds must be submitted in writing before Monday, October 25, 2010. After that date, refunds will not be granted, with the exception of a medical emergency. If you must cancel your meeting registration you will incur a \$50.00 processing fee and remember, it is also your responsibility to cancel hotel room reservations.
10. **Cut-off for Hotel reservations** at the Marriott Marco Island Resort & Spa is Monday, October 4, 2010. ADMA suggests that you make your reservation immediately by calling the hotel directly at 239-394-2511.

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• **Hotel Reservation Deadline:** •
• **Monday, October 4, 2010** •
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• **Meeting Registration Deadline:** •
• **Thursday, October 7, 2010** •
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It is vital that you reserve your accommodations at the designated hotel. ADMA is contractually obligated to fill our room block and may be exposed to significant financial liability should our members fail to support this room block.