

FATA Annual Meeting EXHIBITOR Registration

June 14 – 16, 2010

Picture Your Future....at the 64th FATA Annual Conference & Trade Show

**Location: Renaissance Resort, World Golf Village, St. Augustine, FL
500 South Legacy Trail, St. Augustine, FL 32092**

Room Rate: \$139 – Reservations: Online room reservations available at www.fata.aero For phone reservations call: 800-266-9432 and ask for FATA rate

Room Reservations should be made by May 23, 2010 to guarantee the group rate.

All social events will be held in the Trade Show Exhibit hall. Your Exhibitor Registration includes a 6' draped table, 2 chairs, electricity, if required. Your registration also includes all meeting sessions and social events. Set-up is Monday, June 14, 9:00 a.m. – 5:30 .pm. Mail or FAX completed form to: FATA, 4685 Longbow Drive, Titusville, FL 32796 FAX 321-383-8619 You can also register online at www.fata.aero

Request for refunds due to cancellation must be received by May 23, 2010 NO REFUNDS MADE AFTER THAT DATE

Registrant's Name _____

Company Name _____

Address _____ City _____ State _____ Zip _____

Tel _____ E-Mail _____

Electricity Yes _____ No _____

<input type="checkbox"/>	_____
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___ @\$550 Member	\$ _____
___ @\$300 ea. Add'l Attendee	\$ _____
___ @\$650 Non-Member *	\$ _____
___ @\$300 Ea. Add'l Non-member	\$ _____
___ @\$100 ea. Golf Registration	\$ _____
___ @\$100 ea. Guest or spouse for social events only	\$ _____
Total Due	\$ _____

*** Non-Member registration includes 6 month complimentary FATA Membership**

To assist us in making plans for the meeting, please indicate how many attendees will attend the following events:

___ Monday Reception
 ___ Tuesday Breakfast
 ___ Tuesday Luncheon
 ___ Tuesday Reception
 ___ Tuesday Dinner
 ___ Wednesday Breakfast

Golf Tournament
 Registration includes box lunch, entry fee and golf cart.
 Location:
 World Golf Village – Slammer & Squire Course
 St. Augustine, FL Adjacent to the Renaissance Resort.

Method of Payment Mastercard VISA Check Make payable to FATA We no longer accept American Express

Credit Card # _____ Exp. Date _____

Name on Card _____

Check if billing address is same as above. If not, provide billing address:

Signature _____