

Exhibitor Registration Form

2006 National Conference on Aviation and Space Education

October 19 - 21, 2006

Exploring New Worlds Together

Crystal Gateway Marriott, Arlington, VA

1. CONTACT INFORMATION: (please print)

NCASE Partner (check box)

Name		Title	
Company Name (as it should read on booth sign)		Company Products	
Address	City	State	Zip
Telephone	Fax	email	

2. REGISTRATION FEES

Exhibit Registration.....\$449.00

Booth package includes one 10' x 10' booth space with 8' back drape and 3' side drape, one 6' draped table, two chairs, wastebasket, two conference registrations, and two exhibitor badges. Electrical services, phone lines, Internet and audio-visual services must be ordered though the hotel at an additional charge. Forms for these services will be supplied by the decorator.

Six-Foot Skirted Table and Chair..... \$110.00

Optional Opportunity: One Exhibitor Table and One Exhibitor Pass only for \$110. Cost-effective way to promote you organization/company.

Additional Exhibit Hall Pass\$79.00

Brewer Luncheon (Fri., Oct. 20)\$45.00 (\$55.00 on-site)

Crown Circle Banquet (Fri., Oct. 20)\$55.00 (\$65.00 on-site)

NOTE: REGISTER EARLY DUE TO LIMITED BOOTH AND TABLE TOP SPACE!

3. PROGRAM COMPANY DESCRIPTIONS: Please include a brief, 20-word description of your organization for representation in the conference program, due by February 28, 2006. (please fax or e-mail to Claudine Sayegh: 240-857-5273; Claudine.sayegh@andrews.af.mil)

Names for exhibitor badges/conference registrations. (please print)

(1)	(2)
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Names for additional exhibitor passes; \$79.00 each. (please print)

(Extra Pass 1)

(Extra Pass 2)

One banquet ticket is included with registration fee. Names for banquet tickets. (please print)

(1)

(2)

(3)

(4)

Conference registrations will be assigned ONLY to the names above. Registrations may not be transferred.

4. SEND IN REGISTRATION

Register online at: www.ncase.info (when online forms are available)

By mail: CAP NCASE/Attn: Claudine Sayegh: 1609 Brookley Ave. Andrews AFB, MD 20762-5000

Fax: 240-857-5273

Exhibitor Package information will be provided upon confirmation.

5. PAYMENT INFORMATION

CHECK ENCLOSED FOR \$ _____

CHARGE MY CREDIT CARD FOR \$ _____

CREDIT CARD INFORMATION (*ORDERS CANNOT BE PROCESSED WITHOUT COMPLETE INFORMATION*)

Visa

Mastercard

American Express

Discover

Card Number _____ Expiration Date _____

Card Holder Signature _____ Daytime Phone _____

Make checks payable to: NCASE / Civil Air Patrol

Mail Checks to: CAP NCASE Exhibitor/Attn: Claudine Sayegh: 1609 Brookley Ave. Andrews AFB, MD 20762-5000

AFTER **SEPTEMBER 17, 2006**, REGISTRATION WILL BE \$160. NO REFUNDS ON REGISTRATION OR BANQUETS AFTER SEPTEMBER 17, 2006.

A \$15 fee will be assessed for all refunds. The Banquet fee of \$55 (\$65 on-site) represents the value of the banquet meal furnished. Under IRS Code, that amount is not deductible as a charitable contribution to CAP for federal income tax purposes.
