

Please type or print neatly. Provide information as you would like it to appear on your badge. Your registration and payment must be complete by **August 23** to ensure that your name and contact information appear in the pre-registration attendee roster which will be sent to all attendees.

ORGANIZATION ADDRESS CITY STATE/PROVINCE TAK COUNTRY E-MAIL □ YES! I am planning to attend the closing night event. □ I require assistance in order to fully participate in this meeting. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. 1 require special dietary needs. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. 2 FULL NAME MR/MS NICKNAME FOR BADGE ORGANIZATION TITLE ADDRESS CITY STATE/PROVINCE JYES! I wish to participate in the Airport Tour. □ I am a first-time attendee □ I require assistance in order to fully participate in this meeting. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. 2 FULL NAME MR/MS NICKNAME FOR BADGE ONCANIZATION TITLE ADDRESS □ I require assistance in order to fully participate in this meeting. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. □ I require special dietary needs. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. 3 FULL NAME MR/MS NICKNAME FOR BADGE ORGANIZATION TITLE ADDRESS CITY STATE/PROVINCE ZIP/POSTAL CODE HONE FAX COUNTRY E-MAIL □ YES! I wish to participate in the Airport Tour. □ I am a first-time attendee □ I require special dietary needs. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. 3 FULL NAME MR/MS NICKNAME FOR BADGE ORGANIZATION TITLE ADDRESS CITY STATE/PROVINCE ZIP/POSTAL CODE 4 FULL NAME MR/MS NICKNAME FOR BADGE ORGANIZATION TITLE ADDRESS CITY STATE/PROVINCE ZIP/POSTAL CODE	ORGANIZATION ADDRESS CITY STATE/PROVINCE FAX COUNTRY E-MAIL YES! I am planning to attend the closing night event. I require assistance in order to fully participate in this meetings@airportscouncil.org to describe how we can be of assistance. I require assistance in order to fully participate in this meetings. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. I require special dietary needs. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. I require special dietary needs. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. ITILE ADDRESS CITY STATE/PROVINCE IP/POSTAL CODE PHONE FAX COUNTRY E-MAIL YES! I wish to participate in the Airport Tour. I am a first-time attendee I require assistance in order to fully participate in this meetings. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. I require special dietary needs. Send an email to meetings@airportscouncil.org, to describe how we can be of assistance. I require special dietary needs. Send an email to meetings@airportscouncil.org, to describe how we can be of assistance. I require assistance in order to fully participate in this meeting. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. ITILE ADDRESS CITY STATE/PROVINCE I P/POSTAL CODE PHONE FAX COUNTRY E-MAIL YES! I wish to participate in the Airport Tour. I am a first-time attendee I require assistance in order to fully participate in this meetings. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. I require assistance in order to fully participate in this meetings. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. I require assistance in order to fully participate in this meetings. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. I require special dietary needs. Send an email	FULL NAME MR/MS		NICKNAME FOR BADGE	
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TAMPA 2019 AIRPORTS COUNCIL INTERNATIONAL - NORTH AMERICA ANNUAL CONFERENCE AND EXHIBITION SEPTEMBER 15 – 17, 2019

Registration Form 20 X 50 Booth

Please type or print neatly. Provide information as you would like it to appear on your badge. Your registration and payment must be complete by **August 23** to ensure that your name and contact information appear in the pre-registration attendee roster which will be sent to all attendees.

Please register your complimentary registrations below **FULL NAME MR/MS** NICKNAME FOR BADGE ORGANIZATION TITLE **ADDRESS** CITY STATE/PROVINCE ZIP/POSTAL CODE PHONE FAX COUNTRY E-MAIL ☐ I am a first-time attendee ☐ YES! I am planning to attend the closing night event. ☐ YES! I wish to participate in the Airport Tour. ☐ I require assistance in order to fully participate in this meeting. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. ☐ I require special dietary needs. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. **FULL NAME MR/MS** NICKNAME FOR BADGE **ORGANIZATION** TITLE OMPLIMENTARY REGISTRATIONS ADDRESS CITY STATE/PROVINCE ZIP/POSTAL CODE PHONE FAX COUNTRY E-MAIL ☐ I am a first-time attendee ☐ YES! I am planning to attend the closing night event. ☐ YES! I wish to participate in the Airport Tour. ☐ I require assistance in order to fully participate in this meeting. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. ☐ I require special dietary needs. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. **FULL NAME MR/MS** NICKNAME FOR BADGE **ORGANIZATION** ADDRESS STATE/PROVINCE CITY ZIP/POSTAL CODE PHONE FAX COUNTRY E-MAIL ☐ I am a first-time attendee ☐ YES! I am planning to attend the closing night event. ☐ YES! I wish to participate in the Airport Tour. ☐ I require assistance in order to fully participate in this meeting. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. ☐ I require special dietary needs. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. 12 **FULL NAME MR/MS** NICKNAME FOR BADGE ORGANIZATION TITLE ADDRESS CITY STATE/PROVINCE ZIP/POSTAL CODE PHONE FAX COUNTRY E-MAIL ☐ YES! I am planning to attend the closing night event. ☐ YES! I wish to participate in the Airport Tour. ☐ I am a first-time attendee ☐ I require assistance in order to fully participate in this meeting. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. ☐ I require special dietary needs. Send an email to <u>meetings@airportscouncil.org</u> to describe how we can be of assistance.



TAMPA 2019 AIRPORTS COUNCIL INTERNATIONAL - NORTH AMERICA ANNUAL CONFERENCE AND EXHIBITION SEPTEMBER 15 – 17, 2019 Complimentary Exhibitor Registration Form 20 X 50 Booth

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Please type or print neatly. Provide information as you would like it to appear on your badge. Your registration and payment must be complete by **August 23** to ensure that your name and contact information appear in the pre-registration attendee roster which will be sent to all attendees.

Please register your complimentary registrations below 17 **FULL NAME MR/MS** NICKNAME FOR BADGE ORGANIZATION TITLE **ADDRESS** CITY STATE/PROVINCE ZIP/POSTAL CODE PHONE FAX COUNTRY E-MAIL ☐ I am a first-time attendee ☐ YES! I am planning to attend the closing night event. ☐ YES! I wish to participate in the Airport Tour. ☐ I require assistance in order to fully participate in this meeting. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. ☐ I require special dietary needs. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. **FULL NAME MR/MS** NICKNAME FOR BADGE **ORGANIZATION** TITLE OMPLIMENTARY REGISTRATIONS ADDRESS CITY STATE/PROVINCE ZIP/POSTAL CODE PHONE FAX COUNTRY E-MAIL ☐ I am a first-time attendee ☐ YES! I am planning to attend the closing night event. ☐ YES! I wish to participate in the Airport Tour. ☐ I require assistance in order to fully participate in this meeting. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. ☐ I require special dietary needs. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. **FULL NAME MR/MS** NICKNAME FOR BADGE **ORGANIZATION** ADDRESS STATE/PROVINCE CITY ZIP/POSTAL CODE PHONE FAX COUNTRY E-MAIL ☐ YES! I am planning to attend the closing night event. ☐ YES! I wish to participate in the Airport Tour. ☐ I am a first-time attendee ☐ I require assistance in order to fully participate in this meeting. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. ☐ I require special dietary needs. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. 20 **FULL NAME MR/MS** NICKNAME FOR BADGE ORGANIZATION TITLE ADDRESS CITY STATE/PROVINCE ZIP/POSTAL CODE PHONE FAX COUNTRY E-MAIL ☐ YES! I am planning to attend the closing night event. ☐ YES! I wish to participate in the Airport Tour. ☐ I am a first-time attendee ☐ I require assistance in order to fully participate in this meeting. Send an email to meetings@airportscouncil.org to describe how we can be of assistance. ☐ I require special dietary needs. Send an email to <u>meetings@airportscouncil.org</u> to describe how we can be of assistance.



REGISTRATION OPTIONS

You can submit this form by:



meetings@airportscouncil.org



(202) 478-0889



ACI-NA P.O. Box 5007 Client ID 500022 Merrifield, VA 22116-5007

REGISTRATION

As a 2019 ACI-NA Annual Conference exhibitor, you are entitled to:

 Twenty (20) full conference registrations per 20'x 50' booth purchased

These complimentary full conference registrations enables you to attend the general sessions, all educational sessions, the exhibition hall, chair's reception, and closing event.

CONFIRMATION OF REGISTRATION

Confirmation will be sent by e-mail to fully paid conference attendees using the e-mail address(es) provided on the registration form. If you do not receive confirmation within two weeks after sending your registration form, please e-mail meetings@airportscouncil.org. Non-receipt of a confirmation before the conference is not justification for seeking a refund.

PRE-REGISTRATION

You will be included on the pre-registration roster, if your registration is received by ACI-NA, and paid in full, by 5pm EDT Friday, August 23, 2019. Registrations or payments received after August 2 will be processed with the higher registration fee and will not appear in the pre-registration roster.

ON-SITE REGISTRATION

Any changes after August 23 must be made on-site. Registration in Tampa opens September 14. All On-Site Registrations must be paid in full at the time of registration. ACI-NA cannot invoice On-Site Registrations.

ADDITIONAL REGISTRATIONS

If you need additional booth personnel registrations beyond your allotted amount, please e-mail meetings@airportscouncil.org. Exhibitors are eligible for booth personnel registrations at \$345 each prior by August 2, or \$375 thereafter.

OPT-OUT

By registering for the conference you are providing permission to receive e-mails, mailings and faxes related to the conference. If you do not wish to receive any further e-mails from ACI-NA, please send an e-mail to memberservices@airportscouncil.org with the words "OPT-OUT" in the subject line.

Please note, if you choose to opt out of receiving e-mail from ACI-NA, you will no longer receive ACI-NA e-newsletters, notices of upcoming meetings, sponsorship opportunities, etc. If you prefer to unsubscribe from certain electronic publications rather than opt-out from all e-mail communications, please e-mail your request to memberservices@airportscouncil.org. Please allow up to 10 days to process your request.

PHOTO/VIDEO DISCLAIMER

By registering for and attending any event, you agree that your image may be used at any time, without further notification, for printed materials, web sites, social media and other marketing purposes.