

Contract

Company Name: _____
(as it will appear in print)

Contact Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone #: _____ Fax: _____

Email: _____

Signature/Date: _____

(I have read and agree to abide by the Sponsorship/Added Value Guidelines and Terms & Conditions including Cancellation policy
<http://events.aviationweek.com/current/public/Content.aspx?ID=1066258>)

Payment: An invoice will be sent under separate cover. Please fill out information below regarding billing instructions. If same as above, you may leave blank.

Total Payment: US\$ _____

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone #: _____ Fax: _____

Email: _____

Your URL Address: _____. This link is contingent upon a link back to www.aviationweek.com/conferences

Aviation Week Representative: _____