

Child Registration Form

| Total payment is requ | and/or tickets. Please p | on form. Upon your ar | rival at the AEA Registration Desk, you will re- v for each child . Names shown on badges will ap- |
|--------------------------|-----------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------|
| Parent Name: | | | |
| Company Name: _ | | | |
| Address: | | | |
| Address 2: | | | |
| City: | State: | Postal Code: | Country: |
| Phone: | Email: | | |
| Child: | | Reg | Fees: E First-Nighter Party Ticket (\$75) |
| Name: | | Age: | ☐ Exhibit Hall / Thursday (\$20) ☐ Exhibit Hall / Friday (\$20) |
| Child: | | Reg | Fees: E First-Nighter Party Ticket (\$75) |
| Name: | | Age: | ☐ Exhibit Hall / Thursday (\$20) ☐ Exhibit Hall / Friday (\$20) |
| Child: | | Reg | Fees: First-Nighter Party Ticket (\$75) |
| Name: | | Age: | ☐ Exhibit Hall / Thursday (\$20) ☐ Exhibit Hall / Friday (\$20) |
| | | | Total Fees: |
| - If you have additional | children, please include | a list with name, age ar | nd reg fees for each. |
| Additional Reque | sts or Comments: | | |
| Payment Type: | Credit Card | Check | (make payable to Aircraft Electronics Association) |
| Credit Card Inform | nation: Accepte | ed Cards: 🔽 🚭 | |
| Card Number: | | | |
| Name on Card: | | | |
| Billing Address san | ne as above: 🗌 | | |
| Billing Address: | | | |
| Expiration Date: | Security Code: | | |
| Amount to be Char | ged: \$ | | |
| Signature: | | | Date: |
| Cancellations: Before | refunds allowed after A April 1, 2016, we will b as cancelled after April 1 | e happy to refund you | r registration. Understandably, fees cannot be |
| If faxing, please comple | te form and fax to 816-3 | 47-8405. | |

If mailing, please complete form and mail to: AEA, 3570 NE Ralph Powell Road, Lee's Summit, MO 64064