

## 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 <b>for each child</b> . 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:	<ul> <li>☐ Exhibit Hall / Thursday (\$20)</li> <li>☐ Exhibit Hall / Friday (\$20)</li> </ul>
Child:		Reg	Fees: E First-Nighter Party Ticket (\$75)
Name:		Age:	<ul> <li>☐ Exhibit Hall / Thursday (\$20)</li> <li>☐ Exhibit Hall / Friday (\$20)</li> </ul>
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