

Child Registration Form

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Parent Name:				
Company Name:				
City:	State:	Postal Code	e:	Country:
Phone:	Email:			
Child:			Reg Fees:	🗌 First-Nighter Party Ticket (\$75)
Name:		Age:		☐ Exhibit Hall / Tuesday (\$20) ☐ Exhibit Hall / Wednesday (\$20)
Child:			Reg Fees:	First-Nighter Party Ticket (\$75)
lame:		Age:		☐ Exhibit Hall / Tuesday (\$20) ☐ Exhibit Hall / Wednesday (\$20)
Child:			Reg Fees:	First-Nighter Party Ticket (\$75)
lame:		Age:		□ Exhibit Hall / Tuesday (\$20) □ Exhibit Hall / Wednesday (\$20)
				Total Fees:
- If you have additiona	al children, please include	e a list with name, a	age and reg f	ees for each.
Additional Reque	ests or Comments:			
Payment Type:	Credit Card	C	Check (make	e payable to Aircraft Electronics Association
Credit Card Infor	mation: Accepte	ed Cards: VISA	MasterCard Constants	DISCOVER
Card Number:				
lame on Card:				
Billing Address sa	me as above: 🔲			
Billing Address:				
xpiration Date:	Security Code:			
mount to be Cha	irged: \$			
Signature:				Date:
Cancellations: Before	o refunds allowed after e February 17, 2017, we ations cancelled after Fe	will be happy to I	refund your	registration. Understandably, fees canno

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