



Upper Midwest Aviation Symposium

March 7 - March 9, 2010

Holiday Inn Hotel, Fargo, North Dakota
3803 13th Ave S, Fargo, ND
Ph: 1-800-465-4329 - 701-282-2700

Please reserve an exhibit space for me at the UPPER MIDWEST AVIATION SYMPOSIUM. We have indicated our intentions below:

Indicate Booth Size:

_____	Single (8X10)	\$350.00 / \$ 450.00 after Feb. 1
_____	Double (8X20)	\$700.00 / \$ 900.00 after Feb. 1
_____	Triple (8X30)	\$1050.00 / \$1350.00 after Feb.1

Fees include booth, tables, 2 chairs, cloth cover, electricity to the booth, convention passes for two (single booth size) into the exhibit area, classes, lunch on Monday and Tuesday, and the Monday evening mixer function. Additional passes may be purchased at the registration desk.

Refund policy: 90% registration fee refunded prior to Feb.1, 2010
50% refunded after Feb. 1, 2010 up to March 6, 2010

Location of Booth: _____ Near Competitors
_____ Away from Competitors
Location preferences will be honored as space permits

Sponsorship of Events: This year the North Dakota Aviation Council is offering interested businesses the opportunity to have their name and/or product promoted at meal events during the symposium. Their name and/or product will be displayed and a verbal announcement made indicating the events sponsor or sponsors in return for a monetary donation. This monetary donation will be used to offset the cost of providing the meal. Due to the varied costs of each meal event, there may be more than one sponsor promoted at that event.

Sponsorship Levels:

- _____ Control Tower Sponsors (\$3,000 or more)
- _____ Main Runway Sponsors (\$2,000 or more)
- _____ Airport Beacon Sponsor (\$1,000 or more)
- _____ X-Wind Runway Sponsors (\$500 or more)
- _____ Taxiway Sponsors (\$200 or more)
- _____ Apron Sponsors (\$100 or more)
- _____ Other: _____

Please indicate any preferred meal event that you wish to sponsor:

Name of Exhibitor: _____

Street or P.O. Box: _____

City, State, Zip Code: _____

Business Phone/Fax: _____

E-mail Address: _____

Representative Name (1): _____

Representative Name (2): _____

Product Lines: _____

Please make checks payable to NDAC or fill in Credit Card information below and return with this form to:

**Fred Adams - NDAC
P.O. Box 1072
Bismarck, ND 58502-1072**

_____ Mastercard _____ Visa

Card number _____ Exp. Date: _____

Name as on card _____