



2018 REGISTRATION FORM

Arkansas Airport Operators Association
25th Annual Conference, September 16-18, 2018
Double Tree by Hilton, Fort Smith AR

REGISTRATION DEADLINE SEPTEMBER 1, 2018

After September 1, 2018 you must register on-site and a \$30.00 Late Fee will be included. No telephone registrations will be accepted. Late registrations will not be included in the attendee list.

AAOA Member \$150.00, NON-Member \$185.00, Guest/Spouse \$120.00

Double Tree by Hilton
700 Rogers Avenue | Fort Smith, Arkansas 72901 | (479) 783-1000

AAOA Room Rate: \$99.00 Standard Room (1 King or Double Queens)

For Reservations, call the hotel directly at **Double Tree by Hilton at (479) 783-1000**.
You must give the Group Name at time of Reservation to receive the discounted room rate.
Reservations must be received on or before September 1, 2018 to receive the AAOA conference rate.
Mention Group Name: Arkansas Airport Operators Association

ATTENDEE REGISTRATION

NAME	PHONE
TITLE	EMAIL ADDRESS
AIRPORT / COMPANY	
MAILING ADDRESS CITY, STATE ZIP	

Will you be bringing a guest or spouse? NO YES

Please Indicate the Number Attending the Following Events:
Please Note: All events are casual dress

_____ 9/16 Welcome Reception	_____ 9/17 Breakfast	_____ 9/17 Lunch
_____ 9/17 Carnival Night	_____ 9/18 Breakfast	_____ 9/18 Lunch

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AAOA MEMBER REGISTRATION

FIRST & LAST NAME FOR NAME BADGE	ADVANCE \$150.00	ON-SITE \$180.00	TOTAL

NON - MEMBER REGISTRATION

FIRST & LAST NAME FOR NAME BADGE	ADVANCE \$185.00	ON-SITE \$215.00	TOTAL

GUEST REGISTRATION

FIRST & LAST NAME FOR NAME BADGE	ADVANCE \$120.00	ON-SITE \$150.00	TOTAL

Total Amount Enclosed _____

METHOD OF PAYMENT

Payment may be made by Credit Card or Check/Money Order payable to AAOA

Mail Payment along with Registration Form to:

AAOA
PO BOX 3578
Texarkana, AR 75504-3578

Payments and Registration may also be completed electronically
Email Form with Credit Card Information to: arkansasairports@gmail.com

CREDIT CARD INFORMATION (PLEASE PRINT)

NAME ON CARD _____ ACCOUNT NUMBER _____ EXPIRATION DATE _____ SECURITYCODE _____ ZIP CODE _____

SELECT CARD TYPE:

VISA MASTERCARD AMERICANEXPRESS

SIGNATURE

DATE

Click to **SAVE** Form

Click to **SUBMIT** Form

