



Arkansas Airport Operators Association 26th Annual Conference

2019 REGISTRATION FORM

Arkansas Airport Operators Association
26th Annual Conference, September 15-17, 2019

The Arlington Resort Hotel & Spa, Hot Springs AR

REGISTRATION DEADLINE SEPTEMBER 1, 2019

After September 1, 2019 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

The Arlington Resort Hotel & Spa
239 Central Ave. | Hot Springs, Arkansas 71901 | (800) 643-1502

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

For Reservations, call the hotel directly at **The Arlington Resort Hotel & Spa** at (800) 643-1502.

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, 2019 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

9/15 Welcome Reception
 9/16 Breakfast
 9/16 Lunch
 9/16 Prohibition Speakeasy
 9/17 Breakfast
 9/17 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 |
|----------------------------------|---------------------|---------------------|-------|
| | | | |
| | | | |

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|------------------------------------|
| 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: | | | | |
| <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICANEXPRESS | | SIGNATURE _____ | | DATE _____ |

SAVE SUBMIT

