

Participant Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Please use second page for additional registrations.*

<b>Registration fees (per person):</b>	<b>On/Before February 16</b>	<b>After February 16</b>
ACSF Members*	\$399	\$499
Non-Members	\$599	\$699

*\*Membership status is subject to verification.*

VISA - MasterCard - AMEX  
 (circle one)

My check is enclosed.  
**Make all checks payable to ACSF**

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**Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Card ID Number** \_\_\_\_\_

**Name on card:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Fax to:** (703)845-8176

**Email to:** [amchugh@acsf.aero](mailto:amchugh@acsf.aero)

**Mail to:** ACSF / 4226 King Street / Alexandria, VA 22302

**Questions?** Please contact Alison McHugh at [amchugh@acsf.aero](mailto:amchugh@acsf.aero) or 703-575-2057.

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**Substitutions and Cancellations:** Substitutions are permitted at any time. Cancellations received in writing on or before February 22, 2010 will be refunded less at 10% administrative fee. We regret that refunds will not be available after this date.

***ACSF Safety Symposium Additional Registrations:***

**#2**

Participant Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**#3**

Participant Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**#4**

Participant Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_