**CONTACT INFORMATION (FOR CORRESPONDENCE)**

- **Name:**
- **Email:**
- **Title:**
- **Company Name:**
- **Mailing Address:**
- **City:**
- **State/Province:**
- **Postal Code:**
- **Country:**
- **Office Phone:**
- **Mobile Phone:**
- **Website:**

**ON-SITE CONTACT INFORMATION (LEAVE BLANK IF THE SAME)**

- **Name:**
- **Email:**
- **Title:**
- **Company Name:**
- **Mailing Address:**
- **City:**
- **State/Province:**
- **Postal Code:**
- **Country:**
- **Office Phone:**
- **Mobile Phone:**
- **Website:**

**SPONSORSHIP SELECTION**

After reviewing the sponsorship opportunities, select your desired sponsorship package and applicable member or non-member rate.

**BOOTH/TABLE TOP NUMBER: ___**

All rates in U.S. Dollars.

<table>
<thead>
<tr>
<th>FSF MEMBER RATE</th>
<th>NON-MEMBER RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Premier] $1,750</td>
<td>![Non-Member] $2,500</td>
</tr>
<tr>
<td>![Supporter] $1,000</td>
<td>![Non-Member] $1,500</td>
</tr>
</tbody>
</table>

**METHOD OF PAYMENT**

Check your method of payment below.

- [ ] My organization will pay by check. Make checks payable to Flight Safety Foundation. Mail to Flight Safety Foundation, 701 N. Fairfax Street, Suite 250, Alexandria, VA 22314-2058 USA. NOTE: This address is Flight Safety Foundation’s new address as of December 1, 2015.

- [ ] Invoice me. (Purchase Order 

  ![ ]

- [ ] Charge my (check one):
  - [ ] American Express
  - [ ] MasterCard
  - [ ] Visa

  ![Account #]

  ![Name on Card]

  ![Expiration Date]

  ![Address of Cardholder (if different from contact info above)]

  ![Signature of cardholder]

**TERMS & CONDITIONS** All sponsorships must be paid in full at the time of purchase and are non-refundable. Sponsorship confirmation and benefits will begin when full payment is received. If you have not received a confirmation of sponsorship within ten business days of submitting an application and payment, contact Solorzano@flightsafety.org

**SEND COMPLETED FORM TO LIZ SOLORZANO VIA EMAIL AT SOLORZANO@FLIGHTSAFETY.ORG**