

AIR CARE 2017 Registration Form - book as early as possible but by April 14 deadline.

We need this information as early as possible to order meals and provide for seating. Note: if we reach capacity we may have to deny attendance. Late registration requests or questions please contact Linda Tangen as shown at the end below.

- 1) Fill out this form using your PC, then **save it to your PC**, and then send it to us as shown below.
(or print it out, fill it in, and send it)
- 2) Pay via credit card/PayPal as indicated below, or mail your check payable to Air Care Alliance.

PLEASE TYPE OR PRINT CLEARLY ALL ITEMS

Name of Primary Registrant / Contact: _____ **Group and/or Affiliation(s):** _____

Phone

Email Address

Please list additional attendees below and check off activities in which they will participate.

Do include email addresses so they can receive last minute information.

Mark the Thursday no host dinner to join other earlybirds at a local restaurant (Order & Pay on own)

Mark the Friday reception if you might attend. Note that it is hosted - no fee or RSVP necessary!

Mark Friday post reception dinner to join others at a local restaurant after the reception (Order & Pay on own)

Mark the Saturday AIR CARE 2017 Conference to attend, day meals included; pay as shown below

Mark the Saturday Gala Dinner for the event at the Cradle of Aviation Museum and pay as shown below

Attendee Name	Email Address	Thursday no host dinner	Friday Evening Hosted Reception	Friday Post Reception no host Dinner	Saturday Conference \$99	Saturday Gala Dinner \$75
(Primary Registrant as Named Above)	(Primary Registrant's Email as shown above)					
Enter the number attending each event above TOTALS:						

Continue names on added page if necessary.

(go to next page)

[AIR CARE 2017 Registration Form - continued](#)

The Friday Reception is hosted by PALS! No fee required!

_____ x \$99 per person SATURDAY REGISTRATION FEE = \$ _____

_____ x \$75 per person SATURDAY EVENING BANQUET = \$ _____

I am paying by: ___ mailed check ___ credit card/PayPal **TOTAL \$** _____

You may complete this form on your PC and save it to a new filename, then email it to admin@aircareall.org

You may also print it and complete it by hand and scan and email it, or fax it, or mail it to the address below.

You may pay using your credit card or PayPal account, using the link below, or mail your check to:

**AIR CARE Conference Registrar
Linda Tangen, ACA Administrative Director
1932 Gunnison Place NW
Albuquerque, New Mexico 87120**

Email PDF form to admin@aircareall.org OR: FAX form to 815-572-9192 OR: mail it.

You may be able to fold the form so the address above shows in a window envelope

You may send Credit Card and payment information to PayPal using the link below.

Follow payment the instructions at the bottom of that page.

For cards click on the "Don't Have a PayPal Account" link if card options do not appear:

>> Please indicate your name and group and Air Care Conference when paying.

The Card/PayPal button is at the **bottom** of the following Air Care 2017 page:

<http://www.aircarealliance.org/air-care-2017>

Your Comments?
