



Personal Information

Please type your information as you would like it to appear on conference materials. Required Information*

First Name* _____ Last Name* _____

Company* _____ Professional Title* _____

Primary Phone* _____ Email* _____

Address* _____

City* _____ State* _____ Zip* _____ Country _____

May we include your name and contact information in materials to be shared with other attendees? Yes No

Company Profile – check all that apply

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Academic/Vocational Training | <input type="checkbox"/> Material Producer | <input type="checkbox"/> Certification/Testing | <input type="checkbox"/> OEM |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Press | <input type="checkbox"/> Distributor | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Equipment/Tools/Software | <input type="checkbox"/> Research & Development | <input type="checkbox"/> Federal Government | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> State/Local Government | <input type="checkbox"/> Other (please specify: _____) | | |

Registration

	Early Bird (on or before June 1)	Regular
_____ 1 Day Pass – Wednesday Only (Conference, ACE'17, Exhibit Hall, Conference Reception)	\$225	\$300
_____ 1 Day Pass – Thursday Only (ACE'17, ACE'17Reception)	\$150	\$200
_____ 2 Day Pass – Wednesday and Thursday (Conference, Exhibit Hall, ACE'17 Conference Reception, ACE'17 Reception)	\$300	\$400
_____ Students (all activities on Wednesday and Thursday)	\$94	\$125

Are you planning to attend the reception on Wednesday evening, August 30? Yes No

TOTAL \$ _____

Enter Promotion Code if Applicable

Special Assistance | Requests

Please indicate if you need any form of assistance or accommodations either with the hotel or conference facilities.

Please indicate if you have any dietary restrictions or special requests.

Questions

If you are experiencing difficulties with the registration process or have general questions regarding the conference please contact Conference & Event Services at 803-777-9444 or info@southcarolinaaerospaceconference.com.

Program questions can be directed to program@southcarolinaaerospaceconference.com.

Cancellation Policy

Refund requests must be made in writing to info@southcarolinaaerospaceconference.com by July 1, 2017. The conference fee will be refunded less a \$65 processing fee if the request is received by July 1, 2017. No refunds are available after this date.

Method of Payment (Mail or Fax)

CEC Office Use Only:

DATE: _____ MTH _____ \$ _____ APPVL _____ A _____ CC 4 _____ Exp _____

Please complete the payment information and mail this registration form with your payment to:

South Carolina Aerospace Conference & Expo
Continuing Education and Conferences
University of South Carolina
1600 Hampton Street, Suite 403
Columbia, SC 29208 USA

Make all methods of payment payable to Aerospace Industry Day. You may FAX your registration to 803-777-2663.

If you wish to charge your fees, enter your account number and sign below

Check VISA MasterCard American Express Discover

IIT (USC Departments Only) Account _____ Fund _____

PLEASE PRINT

The charge on your credit card statement will appear from the University of South Carolina

Name on Card: _____

Cardholder Signature: _____ Date: _____

CVV Number: _____ Card Number: _____ Expiration: _____

Please do not scan and email this form with credit card information. It is not secure and will not be accepted