Exhibitor Application

EAA® AirVenture® Oshkosh™ 2020

July 20-26, 2020



EXHIBITOR INFORMATION

Company Name:	D/B/A Name:	(to be listed in all complimentary listings and mailings exactly as shown)		
Company Representative:				
Address:				
Phone: Fa	ЭХ:	Website:		
Federal I.D., Social Security or WI Sales Tax Number:	Year your company was found	ded: Year started ex	hibiting at EAA AirVenture Oshkosh: - 2020)	
ACCOUNTING CONTACT				
AP Contact: Email:		Phone :		
EXHIBIT SPACE		2020 IMPORTA	NT DATES	
Number of Booths: Booth Size: _			off posted rates, if paid in full)	
Preferred Locations*: #1 #2			refusal)9/1/19 posted rates)9/2/19 - 3/31/20	
#1 #2 Booth Choice Notes:		#3 Late Regisration: (2% added to posted ratesBegins 4/1/20		
*EAA reserves the right to assign the booth nearest the ones that have been requested in the event the chosen booths have already been taken/assigned.		PRODUCT/SERVICE INFORMATION Please indicate below which category best describes the products/ services you will display at your booth (check primary category ONLY). o Aircraft Manufacturing/Sales o Finance/Insurance o Aircraft Sales o Hangar Parts and Supplies o Airport/FB0 o Headsets/Flight Gear o Apparel/Jewelry/Art o Maintenance Supplies		
Total Booth Cost:	nt is due with application**	O Apparel/Jewelry/Art O Aviation Careers	o Military/Government	
Payment Type: O Check O Credit Card Check Number:		O Luucation/ maining	AvionicsEducation/TrainingModifications/RefurbishingPublications	
Please use the Payment Authorization form for credit card payments. ** After April 1, 2020 ALL booth/site payments must be in the form of certified check, credit card or money order		• Engines/Propellers • Equipment/Parts		
The undersigned is an authorized representative of the Applicant Company, and has read and agrees to all the Exhibitor Application Terms and Conditions/Rule & Regulations set forth in the HOW TO EXHIBIT section of the online EAA Air/Venture 2020 Exhibitor's Web Pages, which is hereby incorporated into this Application as if printed here in full.		PRODUCT/SERVICE DESCRIPTION Please describe your product/service (75 characters or less).		
Name (print please):				
Authorized Signature: CANCELLATION POLICY: Exhibitor cancellation of exhibit spa April 1, 2020, refund of exhibit fees will be made only if and v exhibitor's space has been reassigned. Allow 6-8 weeks for reference made after July 1st, 2020 will not be issued a refund.	vhen the display area is full and	-		
Mail or fax this form to: Accounts Receiva	ble, 2020 Exhibitor Appl	lication, 3000 Poberez	ny Rd., Oshkosh, WI 54902	
1.800.236.102	5 Fax: 920.426.4828	exhibits@eaa.org		