



40th Annual FAC Conference and Exposition

August 2 - 5, 2009

Sponsorship Registration Form

Company Information

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____

Sponsorship Information

Our company wishes to be a **Platinum, Gold, Silver** or **Bronze Sponsor** for:

1st Choice Day _____ Event _____ Amount _____

2nd Choice Day _____ Event _____ Amount _____

3rd Choice Day _____ Event _____ Amount _____

Our company wishes to be an **Angel Sponsor**

Payment Information

Check Enclosed (made payable to FAC)

Credit Card: Mastercard Visa American Express

Name on Card _____

Credit Card Number _____ Exp. Date _____

Billing Zip Code _____ Authorize Card to Be Charged \$ _____

Email Address of Cardholder _____

Signature of Cardholder _____

Please return form and payment to:

Florida Airports Council, 250 John Knox Road, Suite 2, Tallahassee, FL 32303; or fax to (850) 681-6185.

Please direct all inquiries to:

Marycatherine Johnson

Phone (850) 224-2964, Fax (850) 681-6185, Email mc@floridaairports.org; www.floridaairports.org/meetings