



ATCA

Air Traffic Control Association

SPONSORSHIP APPLICATION & CONTRACT

ATCA's Aviation Cyber Security Day 2018

Wednesday, July 18, 2018

Marriott Marquis Washington, DC

901 Massachusetts Avenue, NW

Washington, DC 20001

Phone: (202) 824-9200

INSTRUCTIONS: Please print or type all information requested.

Complete and sign this Application & Contract and e-mail or fax to **Sandra Strickland** at:

E-Mail: sandra.strickland@atca.org or Fax: (703) 299-2437, ATTN: Sandra Strickland

Note: Payment in US funds drawn on US banks only

Sponsorship Selection

List Sponsorship

Amount

I wish to sponsor the following: _____

\$ _____

Sponsorship Contact Information

Organization (as it should appear in Meeting Program/Signage):

First Name

Last Name

Organization (if different from above)

Title

Department

Address

City

State/Province

Postal Code

Telephone

Cell

E-mail

Sponsorship Checklist

1. Completed, signed & returned Application and Contract w/ payment.
2. Your company Logo (eps format preferred) and link for posting on ATCA's website (this insures we have your most recent version).

Signature

Date

Payment Information

If paying by credit card, you must complete the attached Credit Card Authorization Form

Check Enclosed

Credit Card: VISA/MC AMEX

Please Invoice Me

Payment and Cancellation Policy

PAYMENT IS DUE WITH APPLICATION. Sponsorships will not be publicized until payment in full has been received. A Sponsorship will be considered cancelled by the Sponsor on the date that WRITTEN notices of cancellation is received by ATCA. NO REFUNDS WILL BE ISSUED FOR CANCELLED SPONSORSHIPS ONCE PUBLICIZED.



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Credit Card Authorization Form

Upon ATCA's receipt of this Credit Card Authorization Form, your card will be charged the specified amount.

Payment Options: AMEX MASTERCARD VISA

Name of Organization: _____

PRINT Name as it appears on card: _____

Credit Card #: _____

Expiration Date: Month _____ Year _____

CVV Security Code: _____

Billing Address of card: _____

City: _____ State: _____ Postal Code _____

Country: _____ Telephone #: _____

Email address (payment receipt will be sent to this address):

Subtotal: \$ _____ 2.5% Credit Card Processing Fee: \$ _____

Total Amount to be charged: \$ _____

Purpose of charge: _____

Authorized Signature: _____