






ARMY AVIATION ASSOCIATION OF AMERICA, INC. (AAAA)

593 Main Street, Monroe CT 06468-2806 | 203.268.2450 | F: 203.268.5870 | aaaa@quad-a.org | quad-a.org |   

“Supporting the U.S. Army Aviation Soldier and Family”

6 July 2017

AAAA 13th Luther G. Jones Army Aviation Depot Forum
“CCAD – Readiness Insurance Policy to the Nation”
October 4-5, 2017, American Bank Center, Corpus Christi, TX
www.quad-a.org/LutherJones

The Army Aviation Association of America invites both Military/Government and Industry to attend and exhibit at the AAAA 13th Luther G. Jones Army Aviation Depot Forum, October 4-5, 2017 at the American Bank Center, Corpus Christi, TX.

Attracting 400 attendees, the two-day event provides a Networking platform to exchange ideas and solutions to enhance awareness and gain efficiencies in the field of Maintenance for the Army Aviation enterprise. Learn about Corpus Christi Army Depot's (CCAD) capabilities for government and industry customers worldwide.

The registration, housing, and sponsorship information will be available on the AAAA web site July 17th.

***ALL booth personnel MUST register to access the Exhibit Hall. Exhibiting companies will be given 4 FREE Booth Personnel badges per 10x10 space which only gives them access to work the booth. Any additional Booth Personnel will be a fee of \$50.**

Please note that our Military and Government exhibitors will NOT be charged a fee for their booth space, but will be responsible for electric and booth furnishings.

Please join us there.

William R. Harris, Jr.
Executive Director, AAAA

CONTRACT FOR EXHIBIT SPACE
AAAA 13th Luther G. Jones Army Aviation Depot Forum
“CCAD – Readiness Insurance Policy to the Nation”
October 4-5, 2017
American Bank Center, Corpus Christi, TX 78401

Application is hereby made for display space in the exhibit area at the **AAAA 13th Luther G. Jones Army Aviation Depot Forum** to be held at the American Bank Center, Corpus Christi, Texas, October 4-5, 2017. **Display space is available exclusively to AAAA Industry Members at the rate of \$1,800, per 10X10 module**, and is payable via check or charge. Exhibit space will not be considered officially confirmed unless this signed contract and payment in full are received by the AAAA, and membership and insurance requirements have been met. **All exhibit space cancellations after September 18, 2017 are not refundable. Please save PDF to desktop before filling form.**

NOTE: Military and Government Exhibitors will be provided a 10x10 exhibit space, complimentary, with assignment by AAAA. (Booth Space will be assigned in the order that contracts/payments are received.)

① Name of Exhibiting Organization (including Divisions, if applicable) As It Should Appear in the Official Program:

② Enclosed is \$ _____ for _____ 10 x10 module(s) of display space (**\$1800.00 per each 10x10 module**).
(4 Free Booth Personnel badges are included for each paid 10x10 Exhibit space)

③ If not a current AAAA Industry Member please contact Erika Burgess, Erika@quad-a.org
Renew existing Industry Membership: Associate \$475 Full \$975

④ **Total Payment (lines 2+3 if applicable) enclosed \$ _____** by Check or MasterCard Visa AMEX

Credit Card Number: _____ Expiration Date: _____ Sec Code _____

NAME ON CARD: _____ Signature: _____

⑤ **All material regarding the AAAA Forum should be sent to:**

Primary Contact: _____ Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Telephone: _(_____) _____ Job Title: _____ Member #(if available) _____

⑥ **Our official installation/dismantle contractor on site is:**

Primary Contact: _____ Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Telephone: _(_____) _____ Member #(if available) _____

⑦ **Advertising/Sponsorship contact is:**

Primary Contact: _____ Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Telephone: _(_____) _____ Member #(if available) _____

****ONSITE EMERGENCY CONTACT** : Name: _____ Cell #: _____**

⑧ **Top 3 preferred Booth locations are: #1 _____ #2 _____ #3 _____**

a. Organizations from which we would like to be **separate**: _____

b. Organizations you would like to be **near**: _____

⑨ **Registration:** Everyone must register to attend event. 4 Complimentary Booth Badges (exhibit hall only) per 10x10 booth. Provide names on attached form. Additional badges \$50. Individuals listed #5-7 will not be pre-registered. Register at www.quad-a.org/LutherJones

Submitted by: _____ Telephone: _____

Your Signature: _____ Date: _____

*** Please save PDF to desktop before filling form. Return this contract with payment in full to: AAAA, ATTN: Exhibits, 593 Main Street, Monroe, CT 06468. Completed contracts may also be e-mailed to exhibits@quad-a.org. FAX: (203) 268-5870.**

4 Complimentary Booth Personnel

(Additional registrants need to be registered at www.quad-a.org)

1.) Name: _____ Job Title: _____ Member#: _____
Address: _____ City _____ State _____ Zip _____
Phone Number: _____ Email: _____




2.) Name: _____ Job Title: _____ Member#: _____
Address: _____ City _____ State _____ Zip _____
Phone Number: _____ Email: _____

3.) Name: _____ Job Title: _____ Member#: _____
Address: _____ City _____ State _____ Zip _____
Phone Number: _____ Email: _____

4.) Name: _____ Job Title: _____ Member#: _____
Address: _____ City _____ State _____ Zip _____
Phone Number: _____ Email: _____



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MANDATORY

AAAA 13th Luther G. Jones Army Aviation Depot Forum

“CCAD – Readiness Insurance Policy to the Nation”

October 4-5, 2017

American Bank Center, Corpus Christi, TX 78401

Insurance Requirements and Industry Membership for Exhibitors

Exhibiting firms must provide AAAA with a Certificate of Commercial General Liability Insurance, including contractual liability with limits of liability of at least \$1,000,000 per occurrence bodily injury and property damage combined and \$1,000,000 annual aggregate.

Exhibiting firms that do not provide a certificate will **NOT** be allowed to set up their exhibits at the AAAA Forum.

Please see the sample copy of a certificate of insurance on the next page.

ALL exhibiting companies must have a current AAAA Industry Membership that is valid through the dates of the event. Please contact Erika Burgess, Erika@quad-a.org.

Please email or FAX your Insurance Certificate to:

**AAAA, ATTN: Exhibits
593 Main Street, Monroe, CT 06468-2806
Telephone: (203) 268-2450, FAX: (203) 268-5870
exhibits@quad-a.org**

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

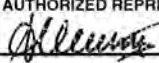
PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one perso) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000				EACH OCCURRENCE \$1,000,000 AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER Army Aviation Association of America 593 Main Street Monroe, CT 06468-2806	CANCELLATION 10 Days for Non-Payment SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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