



REGISTRATION FORM

American Bonanza Society 50th Anniversary Convention & Trade Show

September 21-24, 2017
Hyatt Regency, Wichita, KS
Jabara Airport (KAAO)

Register online at www.bonanza.org/events
FAX this form to ABS: 316-945-1710
Mail to: ABS, PO Box 12888, Wichita, KS 67277

SECTION 1

Member Info

Member Name _____

ABS# _____ First name (or nickname) for badge _____

Phone _____ E-mail _____

Your Aircraft: Model _____ Year _____ Tail# _____

Do you belong to a regional society? (circle)

MWBS NEBS NWBS PBS RMBS
SEBS SWBS AusBS BBS EBS

Check all that apply:

- First-time Attendee Life Member
 Attended 3+ conventions Special Dietary Restrictions

Guests: *ABS members (except spouses) are not eligible to register as guests.

1. _____ Spouse Dietary Restrictions
2. _____ Child Dietary Restrictions
3. _____ Child Dietary Restrictions

How will you arrive?

- Flying my own airplane Flying commercially
 Driving in Other _____

Indicate your estimated arrival day and time:

(Circle one) Morning Afternoon

(Circle one) Tues 9/19 Wed 9/20 Thurs 9/21 Fri 9/22 Sat 9/23

SECTION 2

Registration

Full registration includes: Thursday Welcome Dinner, Friday DayBreakers Breakfast, Friday Boxed Lunch, Friday Hangar Dinner, Saturday DayBreakers Breakfast, Saturday Lunch, Saturday Banquet Dinner, Seminars, Trade Show, Beechcraft Factory Tour, Door-prize ticket, and event transportation to and from Beech Field.

Early Bird Registration by April 30, 2017

Member @ \$315 = \$ _____
Spouse/Guest* @ \$305 = \$ _____
Child (under 16) @ \$200 = \$ _____

Postmarked AFTER April 30, 2017

Member @ \$365 = \$ _____
Spouse/Guest* @ \$305 = \$ _____
Child (under 16) @ \$200 = \$ _____

Day Pass

Thursday @ \$ 100 = \$ _____
Friday @ \$130 = \$ _____
Saturday @ \$130 = \$ _____

Registration Total = _____

Payment Information

PAYMENT BY Credit Card: Complete the following information.

Your credit card will be charged by the American Bonanza Society.

Credit Card Type: VISA MasterCard Discover AMEX

Card Number _____

Exp. Date _____

CVC Code _____

Cardholder Signature _____

CANCELLATION POLICY

Cancellations must be received **in writing** by August 21 for a refund less administrative fee of \$25 per person. Cancellations received after that date will not be refunded due to guarantees required by the hotel and event vendors. Please do not ask for an exception to this policy.