



COME JOIN US AUGUST 12-16, 2008

“For your convenience, register online at www.obap.org”

Name (Last) _____ (First) _____ (Middle Initial) _____
 Company/Airline _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ (Office) _____ (Mobile) _____ Email _____
 Spouse/Guest _____ Region _____
 Name(s) Preferred on Badge (s) _____ Guest _____
 Child/Age _____ Child/Age _____

LATE REGISTRATION FEES WILL APPLY JULY 1-31. ON-SITE FEES EFFECTIVE AUGUST 1 AND THEREAFTER.

Registration Fees:	EARLY / LATE / ON-SITE	QUANTITY	TOTAL COST
OBAP Member Full Registration	\$250.00 / \$300.00 / \$325.00	_____	_____
Non OBAP Member Full Registration	\$300.00 / \$350.00 / \$375.00	_____	_____

Full Registration Package includes: Convention Badge and Tickets to all Convention Functions

Additional tickets are available at the following costs:

<u>A la Carte ticket prices</u>	EARLY / LATE / ON-SITE	QUANTITY	TOTAL COST
Poolside Chat	\$ 20.00 / 30.00 / 45.00	_____	_____
Welcome Reception	\$ 45.00 / 55.00 / 70.00	_____	_____
OBAP Pioneers Breakfast	\$ 45.00 / 55.00 / 70.00	_____	_____
Youth Luncheon	\$ 45.00 / 55.00 / 70.00	_____	_____
Corporate Luncheon	\$ 45.00 / 55.00 / 70.00	_____	_____
Annual Awards Gala & Dance	\$100.00 / 120.00 / 135.00	_____	_____
Airline Hiring Seminar	\$ 50.00 / 60.00 / 75.00	_____	_____
A Summer Breeze Morning Tea	\$ 35.00 / 45.00 / 60.00	_____	_____
Additional Career Fair/Exhibitor Badge	\$ 25.00	_____	_____
*The Bessie Coleman Breakfast	\$ 45.00 / 55.00 / 70.00	_____	_____
*Dinner Cruise	\$ 90.00 / 100.00 / 115.00	_____	_____
*Shopping Spree to Dolphin Mall	\$ 25.00 / 30.00 / 45.00	_____	_____
*Annual Golf Challenge & Student Golf Clinic (complete separate Golf Registration Packet)			
*Kids Camp Doral Recreation (circle which day(s) and package)			
Full Day, 9am – 5pm	\$ 55.00 WED THU FRI	_____	_____
Half Day w/ lunch, 9 am – Noon; 1 pm – 5 pm	\$ 35.00 WED THU FRI	_____	_____
Half Day w/o lunch, 9am – Noon; 1 pm – 5 pm	\$ 25.00 WED THU FRI	_____	_____
*Functions not included in Full Registration		TOTAL COST	_____

Payment Type: (Please Circle One) MC VS AX DC Personal Check # _____ Money Order/Certified Check _____
 Name as it appears on Card _____ Signature _____
(Please Print)
 Credit Card Number _____ Exp _____ CVV Code _____

Special Accommodations/Dietary Restrictions: _____

Mail Registration Form to: OBAP, ATTN: 2008 OBAP Convention Planner, 8630 Fenton Street, Suite 126 Silver Springs, MD 20910.

Registration Cancellation/Refund Policy: Refunds, less a \$50.00 processing fee, will be granted for cancellation requests received by close of business July 14, 2008. No refunds thereafter. Cancellation requests and requests to transfer registration from original registrant's name to a substitute attendee must be made in writing.

“Building A Flight Plan For The Future”