



Part I: Company Information

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Mobile: (____) _____ - _____
Website: _____
Email: _____
Products or Services: _____
Company Representatives: _____

Part II:

Exhibitors Pavilion Includes a 10’ pipe & draped exhibit space, power, an 8’ table with black tablecloth, 2 chairs, wifi, your Company logo included on the Exhibitor’s Pavilion Directory, Exhibitor tabletop tent, Beech Party Event and Museum websites. **\$400.00**

Company LOGO, business brochures, business cards, etc., must be submitted to the museum before September 30, 2019.

Part II Subtotal: \$ _____

Part III: Meals & Activities ~ All meals are catered. Please select the options and numbers required for your company’s representatives

- Catered Lunch - **Thurs.** Oct. 10 _____ x \$19 = _____
- Southern Hospitality Dinner - **Thurs.** Oct 10 _____ x \$39 = _____
- Catered Lunch - **Fri.** Oct. 11 _____ x \$19 = _____
- Double Wing Brewing Company Tasting - **Fri.** Oct 11 _____ x \$20 = _____
- Awards Dinner - **Fri.** Oct 11 _____ x \$39 = _____
- Catered Lunch - **Sat.** Oct. 12 _____ x \$19 = _____
- Closing Ceremonies Dinner - **Sat.** Oct 12 _____ x \$39 = _____

Part IV: Payment: Full payment and completed form is required to guarantee your selections. We accept checks or major credit cards.

Part III Subtotal: \$ _____

Please make checks payable to:

Beechcraft Heritage Museum
P.O. Box 550 Phone: (931) 455-1974
Tullahoma, TN 37388 Fax: (931) 455-1994

Form with FULL payment must be submitted by September 30, 2019.

Grand Total: \$ _____

Credit Card Type: Visa Mastercard
 Discover American Express

Card Number _____ Exp. Date _____ CVS Code _____

Cardholder Signature _____ Billing Zip Code _____

Cancellations must be received by September 30th, 2019 for full refund.