



International Society of Air Safety Investigators Annual Seminar

ISASI 2025

September 29 – October 2, 2025
[These dates include the Tutorials]

Exhibitor Registration Form and Fee Summary (US\$)

Primary Point of Contact: Complete as Appropriate

Honorific (ie: Mr. Ms. Dr. etc.): _____

First Name: _____ Last Name: _____

Company/Organization: _____

Position/Title: _____

Are you a Corporate ISASI Member? (Yes/No): _____

Is it okay for ISASI to publicize your company? (Yes/No): _____

Address (Line 1) _____

Address (Line 2) _____

Address (Line 3) _____

Address (Line 4) _____

(ensure full mailing address including country and mailing codes are above)

Email Address: _____

Website: _____

Telephone: _____

Other contact method if applicable: _____

Exhibit Booth Fees
Before August 30, 2025 - \$1,750.00 US
After August 30, 2025 - \$2,000.00 US

The fee for a booth includes one complimentary registration. The one complimentary registration includes the Seminar, Tuesday Night Cocktail Reception & dinner at Wings Over the Rockies on Wednesday night. **Fees for the Tutorials, Optional Tour and/or Companion Programs are extra.**

To take advantage of the one complimentary registration the representative must contact Patrick Lusch at patrick.lusch@isasi.org for a special access code. Then, with the special access code complete a seminar registration form by going to www.isasi.org to access the seminar registration page.

Number of Additional Exhibitor Personnel: _____

Name/s of Additional Exhibitor Personnel:

If Additional Exhibitor Personnel wish to attend the seminar or any of the Social Events, they must register and pay the required fees.

Note: A copy of your company logo in jpg format should be sent to Patrick Lusch at patrick.lusch@isasi.org

Billing Information / Payment Options

Send by Mail to: ISASI, 107 E. Holly Avenue, Suite #11 Sterling, VA 20164, USA

Send by FAX to: +1-703-430-4970

Total Amount: _____ US\$

Credit Card (only cards accepted: American Express ___ VISA ___ MasterCard ___)

Card Number: _____ Expiration: (day/month/year) _____

Name on Card: _____ Card Code: _____

Signature: *(Required for Credit Card)* _____

Billing Address: _____

Note: Credit Card Name must be as printed on the Card. The Card Code is a four-digit number on the front of an American Express card or a three-digit number on the back of a VISA or MasterCard.

Payment by Check - Make payable to **ISASI** and reference **ISASI 2025** on the check.

Company Purchase Order - Purchase Order no. _____

Payment by bank wire transfer - Contact Ann Schull at ISASI Headquarters: (TEL: +1 703-430-9668; FAX: +1 703-430-4970; Email: ann.schull@isasi.org)

NOTE:

All Exhibitor Fees must be received before the Seminar begins recognition on website/materials.