



2022 MARPA EMEA Conference

17-18 May 2022 Madrid, Spain

CONFERENCE REGISTRATION FORM

Attendee Information

Please use a separate form for each registrant

Name: _____

Badge Name: _____

Company: _____

Address: _____

City/State/Province: _____

Country: _____

Postal Code: _____

Email: _____

Phone: _____

Contact (if other): _____

Any Attendee dietary restrictions or other special needs: _____

Registration Fees

	Super Saver By Jan 31	Early Bird Feb 1 to Apr 1	General Apr 2 to April 30	Late After April 30
Qualified Air Carrier*:	Free!	Free!	Free!	Free!
Qualified Government Employee**:	Free!	Free!	Free!	Free!
MARPA Member:	\$795	\$895	\$995	\$1095
Non-MARPA Member:	\$995	\$995	\$1095	\$1195

Enter registration fee amount from above, based on your submission date: _____

Please read the following important information:

Ensure that the "Registration Fee" category indicated on this form is correct.

MARPA members in good standing ONLY are eligible for the member rates. Non-members will be processed at the non-member rate, and all registrations will be processed within the appropriate date of receipt if the category is incorrectly self-selected.

All Conference Registration transactions are final and refunds will not be issued.

In the event a paid registrant cannot attend, a substitute may attend this event with advance notice to MARPA.

MARPA is not tax-registered in the EU nor Spain.

EU and Spanish purchasers may be liable to account for VAT for services. Consult your tax advisor for details. Please contact MARPA with any questions.

By submitting this information, I acknowledge that I have read and accepted the MARPA Privacy Policy (rev. 1), and that this Policy applies to the information provided.

The Policy can be found on our website at: <http://pmaparts.org/who/MARPAPrivacyPolicy.pdf>

** "Qualified Air Carrier" must be a MARPA Member Air Carrier in good standing. Complimentary MARPA membership is available for qualified Air Carriers.*

*** "Qualified Government Employees" include FAA, EASA, IAA, and other government employees with an interest in PMA parts.*

Payment

Check payable to **MARPA** or:

Credit Card:

Visa MasterCard American Express

Card Number: _____

Billing address of

Cardholder: _____

Cardholder Name: _____

card security number
3 or 4 digits

Expiration Date: _____

Authorized Signature

Credit card payment and registration form may be submitted via email to MARPA@PMAparts.org, or mail form and check to the address below.

MODIFICATION AND REPLACEMENT PARTS ASSOCIATION

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