

## **Congressional Visits Day Member Participation Program Application Form**

Please complete this application form and return to:

American Institute of Aeronautics and Astronautics

Attn: Duane Hyland

1801 Alexander Bell Drive, #500

Reston, VA 20191-4344

Phone: 703.264.7558 Fax: 703.264.7551

Duaneh@aiaa.org

## Please return by March 18, 2013.

| Participant Information   |           |
|---|-----------|
| Name:   |           |
| Member ID (If Applicable):  |           |
| Mailing Address:  |           |
|   |           |
| City:   |           |
| State: ZIP:   |           |
| Phone: E-Mail:  | _         |
| Participant Travel Information                                      |           |
| Estimated Air Fare:   |           |
| Number of Nights at Hotel:  |           |
| Participant Membership Information                                  |           |
| Section/Region:   |           |
| Section Officer Position (if applicable):                           |           |
| Technical Committee (if applicable):                                |           |
| Name of Member of Congress in the district where you are registered | d to vote |
|   |           |
|   |           |