



# AIR TRANSPORTATION FORM

69<sup>th</sup> Annual ADAI Convention & Retreat

January 19-24, 2006

Ritz-Carlton, St. Thomas-US Virgin Islands



IF YOU WISH TO TAKE ADVANTAGE OF THE MIAMI AIR CHARTER & TRANSFER OPTION,  
PLEASE COMPLETE THIS FORM AND SEND IN WITH YOUR HOTEL & REGISTRATION FORM

### Option 1 - Charter

The Automobile Dealers Association of Indiana has chartered with Ambassadair a MD-80 Series Aircraft to St Thomas. *Seats will be sold on a first-come, first-serve basis ... cut off date is September 1, 2005.* Charter will depart Indianapolis on Thursday, January 19, 2006 and will fly non-stop to St. Thomas and will return on Tuesday, January 24, 2006 to the Indianapolis main Terminal. **Cost of round trip airfare is \$813 per person. Round trip hotel transfers will be \$45.00 per person. There is a possibility of a fuel surcharge - If this is the case, you will be billed for the additional cost.**

Yes, sign the following people up for the charter (**NOTE: Please fill out complete legal names**):

\_\_\_\_\_  
\_\_\_\_\_

Dealership/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact: Mary Ellen Phillips, Convention Coordinator (317) 635-1441 FAX: 317-685-1028 e-mail: [mep-adai@indy.rr.com](mailto:mep-adai@indy.rr.com)

### **AMBASSADAIR CHARTER AIRFARE ORDER**

**Number of passengers** \_\_\_\_\_ **x \$813.00 per passenger = \$** \_\_\_\_\_

**Number of transfers** \_\_\_\_\_ **x \$45.00 per person = \$** \_\_\_\_\_

**TOTAL DUE WITH THIS FORM = \$** \_\_\_\_\_

### **AIR CANCELLATION POLICY**

- \* **Cancellations** must be received no later than **September 1, 2005** in order to receive a full refund
- \* From **September 1, 2005 – September 30, 2005** - A 20% penalty charge applies for cancellation
- \* After **November 1, 2005** a full penalty will apply for cancellation
- \* There is a possibility of a fuel surcharge. If this is the case, you will be billed the additional cost.

### **MAKE CHECKS PAYABLE TO: ADAI CONVENTION & RETREAT**

**CREDIT CARD PAYMENT:** By signing below, I authorize ADAI to bill my credit card for payment of the above.

NAME (as appears on card): \_\_\_\_\_

Credit Card: (circle) Visa or MasterCard

Card No. \_\_\_\_\_ Expires: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Option 2 – Arrange your own air transportation and hotel transportation as needed for appropriate dates**

**Return to ADAI CONVENTION, 150 W. Market St., Suite 812, Indianapolis, IN 46204**