

If any information below is incorrect or there is any change to your company name, address, job title, phone no, fax no or email address, please update your information and email to circulation@groundhandling.com

Yes, I would like to continue receiving Ramp Equipment News
PIQ: What make of car do you drive? For example: Ford. (Don't own a car/Don't drive are acceptable answers) _____
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 Job Title: _____
 Company: _____
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COPY YOUR BUSINESS CARD HERE

Tell us about yourself and your company. Please complete below:

1a) Are you a senior representative for your company in any of the following areas of the Ground Handling Industry: Airline, Airport Authority, FBO, Government Body, Independent Handling Agent or International Organisation? Yes No

1b) Are you a senior representative for your company in any of the following areas of the Ground Handling Industry: Manufacturer / Supplier or Consultancy Yes No

1c) Are you a representative in any of the following: Media Agency, Market Researcher, Publisher & Financial Institution Yes No



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2) Check the box that best describes your company.

(Only check one box.)

- Airline
- Airline Cargo
- Airline Low cost
- Airline Business Jet
- Air Freight Forwarders & Integrators
- Airport/Airport Authority
- Financial Institution
- Fixed Base Operator (FBO)
- Government Body
- Ground Handler
- GSA / Airline Representative
- International Organisations (i.e. ACI, ICAO, IATA, AEA)
- IT Provider
- Manufacturer (GSE)
- Manufacturer (Other)
- Manufacturer Agent/ Distributor
- Media Agency
- Service Provider - other
- Training / Consultancy

3) Check the boxes that best describe your company's primary focus.

- Aircraft Washing
- Baggage Handling
- Cargo Handling
- Catering
- Cleaning
- Communications/IT
- De-icing
- Equipment Manufacturer
- Fixed Base Operations
- Maintenance (inc GSE)
- Passenger Handling
- Ramp Handling
- Refuelling
- Security
- Warehousing
- Other (please specify) _____

4) Check the boxes that best describe your job function.

- Contract Management
- Finance/Banking/Legal
- Ground Service Provider
- GSE Procurement
- HR
- IT Procurement
- Operations
- Planning/Strategy
- Project Management
- Purchasing others
- Safety
- Sales/Marketing
- Station Management
- Training
- Other (please Specify) _____

(5) Check the box that best describes your level of seniority. (Only check one box.)

- Chairman, President, CEO, Partner
- Managing Director, Board Director, Associate
- VP, Deputy Director, General Manager
- Department Manager, Project Manager, Supervisor
- Other (please specify) _____