

# BADGE REQUEST FORM

## ORGANIZATION/COMPANY CONTACT INFORMATION

Please PRINT or TYPE the following information:

Organization: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

**There will be a charge of \$25 per person for more that 4 booth personnel per \$1500 booth.**

**Please provide the names of the individuals who will staff your booth.**

**Use REGISTRATION & CONTRACT form to pay for additional booth staff.**

**BADGES WILL NOT BE PRINTED IF NAMES ARE NOT LEGIBLE!**

**PLEASE DO NOT SEND THIS FORM UNTIL YOU HAVE CONFIRMED THE NAMES OF THE PERSONS WHO  
WILL BE WORKING IN YOUR BOOTH.**

Name: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company: \_\_\_\_\_

**Email:** \_\_\_\_\_

Name: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company: \_\_\_\_\_

**Email:** \_\_\_\_\_

Name: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company: \_\_\_\_\_

**Email:** \_\_\_\_\_

Name: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company: \_\_\_\_\_

**Email:** \_\_\_\_\_

**EMAIL, MAIL OR FAX COMPLETED FORM TO:**

**NBNA Exhibitor Coordinator • 8630 Fenton Street, Suite 910 • Silver Spring, MD 20910**

**Fax: 301-589-3223 • [dmance@nbna.org](mailto:dmance@nbna.org)**