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

—17—