



EXHIBIT BOOTH STAFF REGISTRATION FORM

Please type or print clearly. The contact name is the authorized representative for your company.

Attending

Not Attending

Booth Number: _____

Primary Contact: _____ Title: _____

Organization: _____

Address: _____

City, State, Zip: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

BOOTH STAFF

Each exhibitor receives unlimited booth staff registrations, which include access to the exhibit hall during move-in and move-out and exhibit hall hours.

Please complete the information below for each person that will be working in your booth and make additional copies of this form as needed.

EXHIBITOR BOOTH STAFF

First Name: _____

Last Name: _____

Title: _____

Company: _____

Address: _____

City, State, Zip: _____

Country: _____

Phone: _____

Fax: _____

E-Mail: _____

EXHIBITOR BOOTH STAFF

First Name: _____

Last Name: _____

Title: _____

Company: _____

Address: _____

City, State, Zip: _____

Country: _____

Phone: _____

Fax: _____

E-Mail: _____

EXHIBITOR BOOTH STAFF

First Name: _____

Last Name: _____

Title: _____

Company: _____

Address: _____

City, State, Zip: _____

Country: _____

Phone: _____

Fax: _____

E-Mail: _____



NEED TO REGISTER ADDITIONAL BOOTH STAFF? Copy this form

Fax completed form to +1-918-831-9161 or Toll Free (US only) 1-888-299-8057

Email completed form to registration@pennwell.com

Advanced Registration to Receive Badges by mail

NB: Forms received after this date will have badges awaiting them at on-site registration