



BADGE CHANGES FORM – LAS VEGAS 2012

FORMS MUST BE RECEIVED NO LATER THAN JANUARY 12, 2012 TO RECEIVE BADGES IN THE MAIL. CREDENTIALS WILL BE MAILED BETWEEN JANUARY 12, 2012 - FEBURARY, 2012.

COMPANY NAME _____

(Abbreviate to 30 characters including spaces and punctuation.) Should be the same company name listed on exhibit space contract.)

Please list the names of the exhibitor personnel working in your booth.

MAIL TO: GOLF INDUSTRY SHOW, 1421 Research Park Dr., Lawrence, KS 66049
FAX TO: (785) 832-3644
QUESTIONS? Contact your Account Manager at GCSAA (800) 472-7878 or NGCOA (800) 933-4262

*Exhibitor badges are limited to a maximum of 5 badges per 100 square feet of booth space up to 300 badges. Any badges requested over this limit are \$175 each.

**Badges will be mailed to the contact name and address indicated on this form unless otherwise noted.

EXHIBITOR badges are for FULL-TIME EXHIBITOR COMPANY EMPLOYEES AND/OR DISTRIBUTORS WORKING EXHIBIT BOOTH ONLY.

**GCSAA Class A and SM member and all customers are not eligible to be registered in this manner.

**Affiliate members with CGCS status may need education points that are only assigned to full package registrants. The exhibitor registration does not earn any education points.

Please list the names of exhibitor personnel working in your booth.

PLEASE DO NOT USE ONLY A FIRST NAME INITIAL WITH A LAST NAME. (Example: J. Doe)

Please use this form to make any necessary changes to your original badge request form. Make extra copies of this form should additional changes be required.

Add Personnel: Please indicate the name/s of individual/s you would like to add to your original badge request. (Company Name if different than exhibiting company - will NOT appear on badge.)

Form with two columns: Exhibitor Company Staff Employees and Distributors. Each column contains fields for Name, Title, Address, City, State, Country, Phone, Fax, and Email.

Delete: Please indicate the name/s of individual/s that you would like to delete from your original badge request.

- 1. _____ 3. _____
2. _____ 4. _____

CHANGES TO BADGES WILL NOT BE MADE AFTER THE FIRST DAY OF THE TRADE SHOW.

Payment Options

Check enclosed
Remit in U.S. funds only
(U.S. dollars drawn on U.S. bank)

REMIT TO: GOLF INDUSTRY SHOW
1421 Research Park Dr
Lawrence, KS 66049

Charge my Credit Card

MasterCard VISA American Express Discover

Credit Card Number _____

Exp. Date ____/____

M M Y Y Y Y

Print Cardholder's Name _____

Signature _____