



EXHIBITOR BOOTH PERSONNEL BADGE REQUEST 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- FEBRUARY 3, 2012.

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

COMPANY NAME _____

MAILING ADDRESS (STREET ADDRESS/P.O. BOX) _____

CITY/STATE/COUNTRY/ZIP CODE _____

CONTACT NAME _____

TELEPHONE NUMBER _____

FAX NUMBER _____

EMAIL _____

*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.

**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.

CHANGES TO BADGES WILL NOT BE MADE AFTER 9 am 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 _____



EXHIBTOR BOOTH PERSONNEL BADGE REQUEST FORM - LAS VEGAS 2012

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.

The following information will appear on the badge exactly as entered:

COMPANY NAME

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

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

PLEASE DO NOT USE ONLY A FIRST NAME INITIAL WITH A LAST NAME. (Example: J. Doe). Please put the exact name (formal or nickname) as you wish it to appear on the badge. Abbreviate to 20 characters including spaces and punctuation. PLEASE TYPE OR PRINT.

Form for Exhibitor Company Staff Employees and Distributors with fields for Name, Title, Address, City, State, Country, Phone, Fax, and Email.

Form for Exhibitor Company Staff Employees and Distributors with fields for Name, Title, Address, City, State, Country, Phone, Fax, and Email.

Form for Exhibitor Company Staff Employees and Distributors with fields for Name, Title, Address, City, State, Country, Phone, Fax, and Email.



Exhibitor Company Staff Employees	Distributors
Name (First, Last) _____	Name (First, Last) _____
Display on Badge? Y N	Title (REQUIRED) _____ Title will not display on badge
Title (REQUIRED) _____	Distributor Company Name _____
Address <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Same as Exhibitor Company	Address <input type="checkbox"/> Business <input type="checkbox"/> Home
City, State, Country _____	City, State, Country _____
Phone _____ Fax _____	Phone _____ Fax _____
Email _____ (must be unique to the individual)	Email _____ (must be unique to the individual)

Exhibitor Company Staff Employees	Distributors
Name (First, Last) _____	Name (First, Last) _____
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City, State, Country _____	City, State, Country _____
Phone _____ Fax _____	Phone _____ Fax _____
Email _____ (must be unique to the individual)	Email _____ (must be unique to the individual)

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Phone _____ Fax _____	Phone _____ Fax _____
Email _____ (must be unique to the individual)	Email _____ (must be unique to the individual)