



COMPLETE AND EMAIL TO:

E-Mail: mary@michsafetyconference.org

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## NON PROFIT TABLE BADGE REQUEST

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Please complete the information requested and return at least 10 days prior to the event. These badges are **ONLY FOR COMPANY PERSONNEL WORKING IN THE BOOTH** who require admission to the exhibit hall before, during and after show hours.

*Your name badge is your entrance pass for the trade show and classes. It must be worn for admittance.*

Please PRINT or TYPE

CONTRACTING COMPANY NAME: \_\_\_\_\_

•Each Non Profit Table includes 1 badge/registration.

***First and Last Name***

***Email Address (each must be unique)***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Additional names ... \$50.00 each***

\_\_\_\_\_ @ \$50.00

\_\_\_\_\_ 3\_

\_\_\_\_\_ @ \$50.00

\_\_\_\_\_

Payment must accompany this form if ordering more than 1 badge per booth, in order for extra badges to be issued.

**Make Check Payable to: Michigan Safety Conference**

Payment Type: Cash  Money Order  Visa  Master Card  American Express  Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Email Receipt to: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Amount \$: \_\_\_\_\_

**Note: This form must be received in our office at least 10 days prior to the conference to guarantee that this information will be ready by show time.** Please understand that the person who signs this form shall be considered the authority to be consulted if problems arise.

Authorized Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_