

## **COMPLETE AND EMAIL TO:**

E-Mail: mary@michsafetyconference.org

## **EXHIBITOR BADGE REQUEST**

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 Booth includes 3 badges/registrations.				
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 3  Make Check Payable to: M  Payment Type: Cash  Money Order  Visa  Mast	ichigan Safety C	Confere	ence	
Credit Card Number:	·			
Card Billing Address:	City	State	Zip	
Name of Cardholder:Er	nail Receipt to:			
Signature of Cardholder:	Amount \$:			
Note: This form must be received in our office at least 10 days pobe ready by show time. Please understand that the person who consulted if problems arise.				ill
Authorized Signature:	Telephone:			