



**COMPLETE AND MAIL TO:**

Michigan Safety Conference  
1895 Ridgewood Drive  
East Lansing, MI 48823  
Phone: 517-203-0737  
E-Mail:  
exhibits@michsafetyconference.org

**EDUCATIONAL  
Non-Profit displays**

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## EXHIBITOR BADGE REQUEST

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### YOU MUST HAVE A NAME BADGE TO ENTER THE EXHIBIT HALL

ONE name badge is included with your booth. Please complete the information requested and return immediately with the name you want printed on the name badge along with any extra badges @ \$50.00 ea. These badges are **ONLY FOR COMPANY PERSONNEL WORKING IN THE BOOTH** who require admission to the exhibit hall before, during and after show hours. You may pick up your name badge at the registration desk during set up or the day of the show.

*Please PRINT or TYPE*

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

*There is a charge of \$50.00 for each registration badge, which is good for the entire convention, and includes one (1) lunch ticket per show day per badge.*

**List each name as you would like it to appear on pre-registration badge.**

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

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

Payment must accompany this form in order for registration 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 \$: \_\_\_\_\_

(Email form to [exhibits@michsafetyconference.org](mailto:exhibits@michsafetyconference.org))

**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:** \_\_\_\_\_