

# Exhibit Staff Name Badge Form

Deadline: **September 16, 2016**

## 2016 National Career Pathways Network Conference

October 5 - 7 • JW Marriott Hotel (IN)

Exhibit Hall Show Days: **Thur. October 6 / Fri. October 7**



National Career Pathways Network

Exhibiting Company: \_\_\_\_\_ Booth Number(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Exhibitor Registration Fees\*

- Each company receives two complimentary registrations for each 8'X10' booth space purchased.
- Exhibit hall passes for additional staff are available for \$25 per person.
- Conference registrations for additional staff are available at regular conference rates. Contact Linda Locke at 254-741-8334, or [llocke@cord.org](mailto:llocke@cord.org) for details.

\*Exhibitors who have not turned in their Exhibit Staff Name Badge Form by September 16, 2016 must register exhibit staff on-site.

Please type or print names as they should appear on name badges. If it is necessary to substitute staff prior to the conference, the exhibitor is responsible for notifying **NCPN** in writing to ensure name badges are provided.

Name of Exhibit Staff	Company Name	City	State	Registration Type	
				Complimentary	Hall Pass (\$25)
1) _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6) _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7) _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8) _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

### BILLING INFORMATION:

Number of Exhibit Hall Passes \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_

Billing Organization: (If different than Exhibitor) \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Check # \_\_\_\_\_ is enclosed

Visa  MasterCard  American Express Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

### Please return form to:

Linda Locke • NCPN • P.O. Box 21689 • Waco, TX • 76702-1689 • Fax: 254-776-2306

For questions, contact Linda Locke at [llocke@cord.org](mailto:llocke@cord.org) or 254-741-8334