



EXHIBIT BOOTH STAFF REGISTRATION FORM

Please type or print clearly. The contact name is the authorized representative for your company.

Attending

Not Attending

Booth Number: _____

Primary Contact: _____ Title: _____

Organization: _____

Address: _____

City, State, Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

BOOTH STAFF

Per each 100 sq feet of exhibiting booth space, exhibitors receive one (1) complimentary Exhibitor FlexPass Conference Delegate registration, which includes access to the exhibit hall during move-in and move-out and exhibit hall hours, All Conference sessions including the Opening and Closing Sessions, Receptions, Delegate Luncheons and Coffee Breaks and a copy of the conference proceedings. Each 10x10 unit or 100 sq ft of exhibit space will also receive two (2) Exhibit Booth Staff registrations which includes access to exhibit hall during move-in and move-out and exhibit hall hours, Receptions and Coffee Breaks.

Complimentary Exhibitor Booth Staff

First Name: _____

Last Name: _____

Title: _____

Company: _____

Address: _____

City, State, Zip: _____

Country: _____

Phone: _____ Fax: _____

E-Mail: _____

Complimentary Exhibitor Booth Staff

First Name: _____

Last Name: _____

Title: _____

Company: _____

Address: _____

City, State, Zip: _____

Country: _____

Phone: _____ Fax: _____

E-Mail: _____

Complimentary Exhibitor Booth Staff

First Name: _____

Last Name: _____

Title: _____

Company: _____

Address: _____

City, State, Zip: _____

Country: _____

Phone: _____ Fax: _____

E-Mail: _____

Fax form back to registration +1-918-831-9161 or Email to: Registration@pennwell.com