

EXHIBITOR BADGE PRE-REGISTRATION FORM

For pre-registration of on-site booth personnel, **RETURN THIS FORM NO LATER THAN February 24, 2012.** After that date, register on-site at the Atlantic City Convention Center, Atlantic City, NJ.

Mail to: **REGISTRAR / GLOBALCON 2012,**
AEE, 4025 Pleasantdale Road, Suite 420, Atlanta, GA 30340
FAX to: **(770) 447-4354,** Phone: **(770) 447-5083,** ext. 226

1) BOOTH MANAGER - Person who will be responsible for booth at show:
(PLEASE TYPE OR PRINT CLEARLY TO ENSURE PROPER SPELLING)

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #:(_____) _____ E-Mail: _____

FAX #:(_____) _____

2) Additional Booth Personnel - Person(s) who will assist at booth during show:
(PLEASE TYPE OR PRINT CLEARLY TO ENSURE PROPER SPELLING)

Name: _____ Title: _____

Company: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #:(_____) _____ FAX #:(_____) _____

Name: _____ Title: _____

Company: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #:(_____) _____ FAX #:(_____) _____

Page Two: Booth Personnel – Please type or print clearly to ensure proper spelling)

Name: _____ **Title:** _____
Company: _____ **E-mail:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone #:(_____) _____ FAX #:(_____) _____

Name: _____ **Title:** _____
Company: _____ **E-mail:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone #:(_____) _____ FAX #:(_____) _____

Name: _____ **Title:** _____
Company: _____ **E-mail:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone #:(_____) _____ FAX #:(_____) _____

Name: _____ **Title:** _____
Company: _____ **E-mail:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone #:(_____) _____ FAX #:(_____) _____

Name: _____ **Title:** _____
Company: _____ **E-mail:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone #:(_____) _____ FAX #:(_____) _____

Note: You may make copies of this form for additional booth personnel (no limit).

