

EXHIBITOR BADGE PRE-REGISTRATION FORM

For pre-registration of on-site booth personnel, Register on-site at the Washington State Convention Center, Seattle, WA.

Mail to: **REGISTRAR / EMC 2018,**

AEE, 3168 Mercer University Drive, Atlanta, GA 30341

FAX to: **(770) 447-4354**, Phone: **(770) 447-5083**, ext. 226 Email: connie@aeecenter.org

**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).