

STMA Exhibitor Badge Form

Fax to Show Office upon receipt (401) 846-5600
or Email to Rachelle@NewportEvents.com

Company Name: _____

Booth Location: _____

Contact Person: _____

- ▶ **BADGES ARE ISSUED TO INDIVIDUALS WORKING A DISPLAY ONLY!!**
- ▶ All badges will be held for pick up at Exhibitor Badge Pick Up in the Show Lobby
- ▶ All exhibitors order their own badges under their business name. Badges will only be issued to people with full names, no initials please.
- ▶ Number of bages will be issued per the following maximum allotment.

2 Badges per 10 x 10 Booth

Additional badges will be \$50 each.

_____ of Additional Badges @ \$50 each \$ _____

_____ Check: Please make Check Payable to:

STMA • PO Box 414029 • Kansas City, MO 64141

_____ Credit Card:

MasterCard Visa AMEX Discover

Expiration Date: ____ / ____

****** FULL NAME AND AN INDIVIDUAL EMAIL ADDRESS FOR EACH PERSON ****
IS REQUIRED TO RECEIVE A BADGE.**

Full Name:

Email Address:

1. _____ / _____

2. _____ / _____

3. _____ / _____

4. _____ / _____

5. _____ / _____

6. _____ / _____

7. _____ / _____

Please print the name clearly above, as you would like them to appear on the badges.
ONLY the person in charge of the exhibit on site can make changes to the Badge list.

If you have more than 7 names please attach a list with the additional names on a
separate piece of paper and attach it to this list.