



August 17 – 19, 2011
Great Columbus Convention Center
Columbus, Ohio

EXHIBIT BOOTH STAFF REGISTRATION FORM

You may use this form or register your staff online at
<https://www.pennwellregistration.com/online/ExhibitorLoginServlet?confId=397>

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: _____ E-mail: _____

Per each 10x10 unit (100 sq ft) of exhibit space, exhibitors receive two (2) Exhibit Booth Staff registrations which includes access to exhibit hall during move-in and move-out and exhibit hall hours, Receptions.

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: _____

NEED TO REGISTER ADDITIONAL BOOTH STAFF? Copy this form.

Please Fax Completed Form to +1-918-831-9161 or Toll Free 1-888-299-8057; Email completed forms to registration@pennwell.com



ADDITIONAL EXHIBITOR STAFF REGISTRATION FORM

Badges for delegates/exhibit booth staff over & above your allotment can be purchased using this form.

Exhibitor Delegate

First Name: _____ Last Name: _____
 Title: _____
 Company: _____
 Address: _____
 City, State, Zip: _____ Country: _____
 Phone: _____ Fax: _____
 E-Mail: _____

Exhibitor Delegate

First Name: _____ Last Name: _____
 Title: _____
 Company: _____
 Address: _____
 City, State, Zip: _____ Country: _____
 Phone: _____ Fax: _____
 E-Mail: _____

Additional Exhibitor Booth Staff

First Name: _____ Last Name: _____
 Title: _____
 Company: _____
 Address: _____
 City, State, Zip: _____ Country: _____
 Phone: _____ Fax: _____
 E-Mail: _____

Additional Exhibitor Booth Staff

First Name: _____ Last Name: _____
 Title: _____
 Company: _____
 Address: _____
 City, State, Zip: _____ Country: _____
 Phone: _____ Fax: _____
 E-Mail: _____

Additional Exhibitor Delegate: Quantity Desired _____ x USD\$300 each = USD\$ _____
 Additional Exhibitor Booth Staff: Quantity Desired _____ x USD\$35 each = USD\$ _____
 TOTAL: USD\$ _____

Method of Payment: Check enclosed (in U.S. funds only) Wire (Wire information will be provided on invoice)
 Credit Card: Visa Mastercard AMEX Discover

Credit Card Number: _____ **Expiration Date:** _____
Full Name (as it appears on card): _____
Card Holder Signature: _____ **Date:** _____

Cancellation: Cancellation of registration must be received in writing. Any individual, exhibitor or corporate registrations cancelled before July 8, 2011 will receive a 50% refund of registration fee. After July 8, 2011 no refunds will be permitted. Substitutions may be made at any time by written notification to the registration office.

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