

Exhibit Staff Name Badge Form

Deadline: September 27, 2010

2010 National Career Pathways Network Conference

October 20 -23 • Sheraton Dallas Hotel

Dallas, Texas

Exhibit Hall Show Days are October 21-22



Exhibiting Company: _____ Booth Number(s): _____

Contact Person: _____ Email: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Exhibitor Registration Fees*

- Each company receives two complimentary registrations for each 10'X10' booth space purchased.
- Exhibit hall passes for additional staff are available for \$25 per person.
- Conference registrations for additional staff are available at regular conference rates. Contact Teemus Warner at 800-518-1410 ext. 337, or twarner@cord.org for details.

*Exhibitors who have not turned in their Exhibit Staff Name Badge Form by September 27, 2010 must register exhibit staff on-site.

Please type or print names as they should appear on name badges. If it is necessary to substitute staff prior to the conference, the exhibitor is responsible for notifying NCPN in writing to ensure name badges are provided. Substitutions must be made by **September 27, 2010**.

Name of Exhibit Staff	Company Name	Registration Type	
		Complimentary	Hall Pass (\$25)
1) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

BILLING INFORMATION:

Number of Exhibit Hall Passes _____ x \$25 = \$ _____

Billing Organization: (If different than Exhibitor) _____ E-mail: _____

Address: _____ City/State/Zip: _____

Check # _____ is enclosed or P.O. # _____ is enclosed.

Visa MasterCard American Express Card # _____ Exp. Date: _____

Cardholder's Signature: _____

Please return form to:

Teemus Warner • NCPN • P.O. Box 21689 • Waco, TX • 76702-1689 • Fax: 254-776-2306

For questions, contact Teemus Warner at twarner@cord.org or 800-518-1410 ext. 337