

Exhibitor Credential Order Form



DEADLINE DATE: August 19, 2011

Orders received after the deadline will be held in the Show Office, Room 1 of the Tampa Convention Center" " " " " "

Attn: Venus A. Berryman / forms@nmma.org
Ph: 954-441-3226 Fax: 954-378-3026

Company: _____ Space #: _____ Sq. Ft. _____

Submitted By: _____ Email: _____
(If the above person receives a badge, please print name below):

Address: _____ City/St./Zip: _____

Phone: _____

EMPLOYEE INFORMATION: Please print first and last name clearly. One name per line. No initials please

- 1. _____ "*****"Hold Credentials at Registration
- 2. _____ **OR**
- 3. _____ Mail Credentials to the attention of:

Note: Credentials will not be issued until booth payment is paid in full

- * 6. _____ **CREDENTIAL ALLOCATION CHART:**
Your company is allotted show credentials according to total exhibit area occupied.

Booth, Indoor, Land & In-Water
200 sq. ft or less = 6 Credentials
201 – 500 sq. ft = 10 Credentials
501 – 2000 sq. ft = 12 Credentials
2001 – 3500 sq. ft = 15 Credentials
3501 sq. ft or more = 20 Credentials

- 11. _____ ***Replacement / Additional Credentials:**
There is a \$10 per credential charge for additional credentials over the limit, or for replacements
- *12. _____

- 13. _____ **Rcf'df'Etgf lw'Ectf''CffhstqpcnDc fi gu**
Rc{o gpv'o wuv'dg'o cf g'yj tqwi j "P O O C a'Ugewt g'"
r c{o gpv'y gdukg-<j wr <lqtf gtufo o c@ti 0"Qpeg"
{ qwt'qtf gt 'ku'tgeglxgf ."{qw'y km'dg'ugpv'r c{o gpv'
kphqto cvkqp"cpf "kputwvskpu'xlc"go ck0'
"
- *15. _____

- 16. _____ **Rcf'df'ej gem'**
Rrgcug'o cng'ej genir c{cdng'vq<'
P O O C"
O cka'rcupi "y kj "hqt o "vq<"
; 272'Rkpgu'Drx f 0"%δ27-Rgo dtqng'Rkpgu."HN"55246"
- 17. _____
- 18. _____

19. _____

*20. _____

Management's Use Only Date Received: _____ Date Entered: _____ Date Mailed: _____

Auth# _____ Order# _____ Processed By: _____