

All exhibitors must pre-register their booth representatives by December 25th, 2023.



2024 EXHIBITOR BADGE & EVENT PRE-REGISTRATION FORM

January 3-5, 2024 • Doubletree by Hilton • Billings, MT

All Badges and Tickets will be available at Registration Desk

USE THIS FORM TO REGISTER PEOPLE WHO WILL BE WORKING THE BOOTH AND ALSO SIGN UP FOR YOUR
ONE COMPLIMENTARY CONVENTION SEMINAR PASS

IF WE DON'T RECEIVE THIS FORM BY DECEMBER 25TH, YOU WILL HAVE TO HAND PRINT YOUR BADGE AT THE EXPO.

EXHIBITOR BADGE REGISTRATION INFORMATION

Exhibiting Company _____

Address _____

City _____ State _____ Zip _____ Country _____

Daytime Phone (_____) _____ Fax (_____) _____

Names of company representatives for **PRE-PRINTED NAME BADGES**. (4 per booth at no charge; each additional will be charged \$5 each)

1. _____ 2. _____

3. _____ 4. _____

SEMINAR REGISTRATION - ONE COMPLIMENTARY SEMINAR PASS PER EXHIBITOR IS PROVIDED

Name of Company representative who will use the **COMPLIMENTARY SEMINAR PASS** (one per booth):

1. _____

ADDITIONAL SEMINAR ATTENDEES

If you have other employees or reps who are interested in registering for the seminars, you can register them at a reduced rate of \$100/person.

List the name(s) of additional seminar attendees here: _____

SPECIAL EVENT TICKETS

Special Event Tickets are not included in the fees for your booth. If you would like tickets for yourself or additional representatives, please complete the information below. Be sure to include the quantity requested for the complimentary lunch.

Event	Price/Person	Qty. Requested	Total
Thursday Lunch	No Charge to exhibitors		
Friday Lunch	\$25 per person		
Awards Banquet	\$60 per person		
Additional Seminars/Passes, \$100/person	\$100 per person		
Total Due			

Payment Information

Payment is required at time of order. Credit card orders may be faxed to **406-633-2032**.

☐ Check Enclosed

☐ Visa

☐ MasterCard

☐ American Express

A 3% credit card processing fee will be assessed to all credit card payments.

Credit Card Number: _____ Expiration Date: (mo./yr.) _____ CVV _____

Name Printed on Card: _____ Signature: _____

Billing address _____ City/State/ZIP _____

All faxed orders must be pre-paid by credit card. All other orders should be mailed with payment by check.

Payment is expected at time of order.

Montana Nursery & Landscape Association

P.O. Box 20353 • Billings, MT 59104

Phone: **406-755-3079** • Fax: **406-633-2032** • www.plantingmontana.com

