



Booth Staff Registration Form

Deadline for submission: Friday, August 1, 2008

Save time on-site and register your booth staff by e-mail in advance of the show.

Booth Staff have access to:

- The expo floor during, set-up, show hours & tear-down
- Exhibitor Educational Session
- The opening keynote speaker on Wednesday morning
- Lunch on the expo floor Thursday & Friday
- The closing keynote speaker on Friday morning

This badge will not allow them to attend the educational sessions nor the nightly special events. A separate conference registration/event tickets will need to be purchased to attend.

E-mail the required information below for all of your booth staff (up to four staff members per 10x10 space reserved). The following information you provide will appear on the badges:

- Staff member's FULL NAME
- Exhibiting COMPANY NAME
- BOOTH #
- Staff member's CITY AND STATE

Also provide the following information for the person receiving the badges. Badges can not be mailed to each individual.

- Contact Name of person to receive the badges
- Full Address of Contact Person
- Contact Person's phone, fax and e-mail

Staff Badges will only be mailed to contacts in the United States. All other badges will be available for pick up on-site at the Exhibitor Registration Counter in the Dallas Convention Center beginning on Tuesday, Oct. 14. All staff additions or changes received after Aug. 1 will be available for pick-up on-site on Tuesday, Oct. 14, 2007.

Please return to:

T.J. Mendieta
IFMA's World Workplace Expo 2008
Ph: 1-713-623-4362 ext. 173, Fax: 1-281-974-5680
E-mail: tj.mendieta@ifma.org

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Use additional forms as necessary

BOOTH STAFF:

Full Name: _____

Company Name: _____

City/State: _____ **Booth#:** _____

Full Name: _____

Company Name: _____

City/State: _____ **Booth#:** _____

Full Name: _____

Company Name: _____

City/State: _____ **Booth#:** _____

Full Name: _____

Company Name: _____

City/State: _____ **Booth#:** _____

MAIL BADGES TO:

Full Name: _____

Company Name: _____

Address: _____

City: _____ **State/Province:** _____

Zip/Postal Code: _____ **Country:** _____

PERSON SUBMITTING THIS FORM:

Full Name: _____

Phone #: _____

E-mail Address: _____