



Please complete and return this form to [mcordova@agacgfm.org](mailto:mcordova@agacgfm.org) no later than **Friday, Sept. 2.**

## EXHIBITOR REGISTRATION FORM

Company:

Principal Contact:

Phone:

E-mail:

### In-person Booth Staff Registration Information

**#1**

Full Name:

Name for Badge:

Job Title:

Designations (i.e. CGFM):

E-Mail:

Special Needs & Food Allergies:

Emergency contact (name and phone #):

**#2**

Full Name:

Name for Badge:

Job Title:

Designations (i.e. CGFM):

E-Mail:

Special Needs & Food Allergies:

Emergency contact (name and phone #):

**#3**

Full Name:

Name for Badge:

Job Title:

Designations (i.e. CGFM):

E-Mail:

Special Needs & Food Allergies:

Emergency contact (name and phone #):

### Virtual Booth Chat Monitor Information

**#1**

Full Name:

Job Title:

E-Mail:

Three (3) complimentary in-person booth staff registrations. Includes access to all functions held in the Solutions Hall only. Does not include CPEs.