



Please complete and return this form to mcordova@agacgfm.org no later than **Friday, Feb. 7th**

EXHIBITOR COMP REGISTRATION FORM

Company:

Principal Contact:

Phone:

E-mail:

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 #):

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