

All exhibitors must pre-register their booth representatives by December 25th, 2018.



2019 EXHIBITOR BADGE & EVENT PRE-REGISTRATION FORM

January 9-10, 2019 • Red Lion Hotel (former Holiday Inn) • 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 ATTENDEE TICKET.

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 BOOTH IS PROVIDED

Name of Company representative who will use the **COMPLIMENTARY SEMINAR PASS** (one per booth) also includes all meals, i.e. Luncheons, Banquet, and Breakfast of Champions:

1. _____

ADDITIONAL SEMINAR ATTENDEES

If you have other employees or reps who are interested in registering for the seminars, please use the regular registration form included.

ADDITIONAL SPECIAL EVENT TICKETS

Special Event Tickets are not included in the fees for your booth for additional company representatives. If you would like tickets for additional representatives or family members, please complete the information below.

Event	Price/Person	Qty. Requested	Total
Luncheons (No Charge to Exhibitors)	<i>(Please indicate # attending each luncheon. This will greatly help us to provide enough food.)</i>	___Wed. ___Thurs.	N/C
Additional Special Event Tickets/ Annual Banquet & Entertainment on Wednesday, January 9, 2019	Before 12/15	\$45	
	After 12/15	\$55	
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

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

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