



# SCTE SoCal Vendor Days

2 Badges per table 4 Badges per Booth  
 To purchase: additional badges \$20.00/each.  
 additional lunch tickets \$25.00/per day.

## Exhibitor Personnel Badge Form

### Company Contact Information

Name (First): \_\_\_\_\_ Last): \_\_\_\_\_  
 Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Badge Information

**Badge Information Please print city and state if different then main contact above**

Name (First) \_\_\_\_\_ (Last): \_\_\_\_\_  
 Company: \_\_\_\_\_ City & State: \_\_\_\_\_

Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_  
 Company: \_\_\_\_\_ City & State: \_\_\_\_\_

Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_  
 Company: \_\_\_\_\_ City & State: \_\_\_\_\_

Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_  
 Company: \_\_\_\_\_ City & State: \_\_\_\_\_

Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_  
 Company: \_\_\_\_\_ City & State: \_\_\_\_\_

Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_  
 Company: \_\_\_\_\_ City & State: \_\_\_\_\_

BY CHECK # \_\_\_\_\_ BY CREDIT CARD:  VISA  M/C  AMEX Card Holder

Signature \_\_\_\_\_ Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Please make checks payable to: Riker Conference Connection/SCTE SoCal Vendor Days**

**Please fax form to Maria Dawson at 518-618-3137  
 Form must be received no later than October 23, 2009**