

All exhibitors must pre-register their booth representatives by December 25th, 2020.



# 2021 EXHIBITOR BADGE & EVENT PRE-REGISTRATION FORM

January 6-7, 2021 • Billings Hotel & Convention Center, 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 SEMINAR PASS**

**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):

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.

## SPECIAL EVENT TICKETS

**Special Event Tickets are not included in the fees for your booth.** If you would like tickets for yourself or additional representatives, please complete the information below. Be sure to include the quantity requested for the Wednesday complimentary lunch.

Event	Price/Person	Qty. Requested	Total
Wednesday Lunch	No Charge to exhibitors		
Thursday Lunch	\$15 per person		
Banquet	\$50 per person		
Breakfast of Champions	\$15 per person		
<b>Total Due</b>			

### 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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