



2022 EXHIBITOR GUEST PASS

The Exhibitor Guest Pass provides single-day admission to the exhibit hall on Monday, April 25 OR Tuesday, April 26. The Exhibitor Guest Pass may **not be combined for multiple days**. Exhibitors receive two complimentary Exhibitor Guest Passes for each one-hundred square feet of standard space or one complimentary Exhibitor Guest Pass for each one-hundred square feet of truck space. For example, a standard 10' x 10' booth space includes two complimentary Exhibitor Guest Passes or a 10' x 30' truck space receives three complimentary Exhibitor Guest Passes. Exhibitors may order additional Exhibitor Guest Passes for \$35 each by completing the attached order form.

Exhibitor Information

Exhibiting Company: _____
Booth Number: _____ Booth Size _____ # Passes: _____
Contact Name: _____
Phone Number: _____ Email: _____

Exhibitor Guest Pass Registrant Information

Please complete the Exhibitor Guest Pass registrant information below and select which day the individual will attend. NPGA will issue an email confirmation to the registrant. Additional forms may be completed for exhibitors with more than two complimentary allotments.

First Name: _____ Last Name: _____
Company: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Email (required): _____
Attendance Day: Monday **OR** Tuesday: _____

First Name: _____ Last Name: _____
Company: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Email (required): _____
Attendance Day: Monday **OR** Tuesday: _____

Submit VIP Expo Floor Pass order form by Friday, April 15, 2022

Email: registration@npga.org



2022 EXHIBITOR GUEST PASS REGISTRATION FORM

Exhibitor Information

Exhibiting Company: _____
Booth Number: _____ Booth Size _____ # Passes: _____
Contact Name: _____
Phone Number: _____ Email: _____

Exhibitor Guest Pass Information

First Name: _____ Last Name: _____
Company: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Email (required): _____
Attendance Day: Monday **OR** Tuesday: _____

First Name: _____ Last Name: _____
Company: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Email (required): _____
Attendance Day: Monday **OR** Tuesday: _____

Payment Information

Number of Additional Passes at \$35 each: _____ Payment Amount: \$ _____
 Check (make check payable to National Propane Gas Association) Check Number: _____
 Credit Card American Express MasterCard Visa
Credit Card Number: _____ Credit Card Expiration: _____
Credit Card Holder: _____ Credit Card Security Code: _____
Signature: _____
Signature authorizes National Propane Gas Association to charge the amount due.

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