



2024 EXHIBITOR GUEST PASS

The Exhibitor Guest Pass provides single-day admission to the exhibit hall on Saturday, April 6 OR Sunday, April 7 for your customers or your potential customers. 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. Exhibitors may order additional Exhibitor Guest Passes for \$35 each by completing the attached order form. Any forms received after the deadline of March 22, 2024 will be charged \$35 for each registrant. **This form is fillable for your ease, as well as the receiver's ability to copy and paste. Please leave the form in this format.**

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: Saturday OR Sunday: _____

First Name: _____ Last Name: _____

Company: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Email (required): _____

Attendance Day: Saturday OR Sunday: _____

The deadline for this form is Friday, March 22, 2024. Any forms received after the deadline will be charged \$35 for each registrant. Send form to: registration@npga.org



2024 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: Saturday OR Sunday: _____

First Name: _____ Last Name: _____
Company: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Email (required): _____
Attendance Day: Saturday OR Sunday: _____

Payment Information

Number of Additional Passes at \$35 each: _____ Payment Amount: \$ _____
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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