

**EXHIBITOR CREDENTIAL FORM**

Exhibitor Credentials (badges) will be issued EXCLUSIVELY from this form. Credentials will be issued for **full-time working staff only**. Special \$5.00 Guest Discount Tickets are available for family, friends, guests, returning customers, etc. Only people with proper credentials will be permitted to enter the exhibit area. Exhibitor Credentials can be picked up during move-in or during the Show. Exhibitor Credentials **will not** be mailed. Lost or additional Full Time credentials are \$10. **This form is due December 4, 2009.**

Please COMPLETE and RETURN.

COMPANY NAME: \_\_\_\_\_ BOOTH #: \_\_\_\_\_  
(please print)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(please print)

HOTEL where you are staying: \_\_\_\_\_ PHONE : \_\_\_\_\_  
(if applicable)

I PLAN TO MOVE IN ON: \_\_\_\_\_  
(day/time)

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE LIST BELOW THE NAME(S) OF UP TO 4 PEOPLE THAT WILL BE WORKING YOUR BOOTH ON A FULL-TIME BASIS. PLEASE INCLUDE YOUR NAME IF YOU WILL NEED A BADGE.**

\_\_\_\_\_  
(please print legibly)

\_\_\_\_\_  
(please print legibly)

\_\_\_\_\_  
(please print legibly)

\_\_\_\_\_  
(please print legibly)

- **PLEASE PICK UP YOUR CREDENTIALS ON YOUR MOVE-IN DAY.**
- **WE WILL RANDOMLY CHECK PHOTO ID'S EVERY DAY OF THE SHOW TO STOP THE MISUSE OF BADGES. NO EXCEPTIONS. PLEASE ALERT YOUR STAFF OF THIS POLICY.**

***If you have additional workers, please attach a list of the worker's name(s), day(s) and time(s) he/she will be working.***

**IF YOU HAVE ANY QUESTIONS REGARDING THE EXHIBITOR CREDENTIAL FORM, PLEASE CALL STEPHANIE AT 513.797.7900 OR EMAIL [stephanie@hartproductions.com](mailto:stephanie@hartproductions.com).**

**Return to: Hart Productions, Inc.  
2234 Bauer Road, Suite B  
Batavia, OH 45103  
Phone: 877.704.8190 or 513.797.7900  
Fax: 513.797.1013**

ADDITIONAL WORKERS LIST

**\*\*EACH WORKER MUST HAVE PHOTO I.D. TO ENTER THROUGH EXHIBITOR REGISTRATION.\*\*  
PLEASE MAKE SURE THAT YOUR EMPLOYEES ARE AWARE OF THIS. ALL WORKERS MUST  
REGISTER EACH DAY AT EXHIBITOR REGISTRATION IN THE LOBBY.**

Owner/Supervisor Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional Workers:

1. \_\_\_\_\_

11. \_\_\_\_\_

2. \_\_\_\_\_

12. \_\_\_\_\_

3. \_\_\_\_\_

13. \_\_\_\_\_

4. \_\_\_\_\_

14. \_\_\_\_\_

5. \_\_\_\_\_

15. \_\_\_\_\_

6. \_\_\_\_\_

16. \_\_\_\_\_

7. \_\_\_\_\_

17. \_\_\_\_\_

8. \_\_\_\_\_

18. \_\_\_\_\_

9. \_\_\_\_\_

19. \_\_\_\_\_

10. \_\_\_\_\_

20. \_\_\_\_\_