

Exhibit Booth Staff Badge Request Form

Company Name:

Booth #

Brief description of company relevance to Academic Emergency Medicine (1-2 sentences):

Contact Name:

Phone:

E-mail:

Complementary Exhibitor Badges: Bronze Level 2 Badges, Silver Level 3 Badges, and Gold Level 4 Badges

List your exhibitors below. Please ✓ your main onsite contact!

1. First Name:

Last Name:

Email:

Phone (cell preferred):

2. First Name:

Last Name:

Email:

Phone (cell preferred):

3. First Name:

Last Name:

Email:

Phone (cell preferred):

4. First Name:

Last Name:

Email:

Phone (cell preferred):

Additional SAEM25 Badges

Additional Exhibit Hall Only Badges - \$90/each

#

List Names and emails for each person:

Full Conference Badge (Access to entire SAEM conference - \$402/each

#

List Names and emails for each person:

A. Number of additional EXH badges

x =

B. Number of FCB badges

x =

Total (A+B): \$

Check here if you wish to be invoiced: OR Submit Credit Card: AMEX M/C Visa Discovery

Credit Card Number: _____ **Exp.:** _____ **CVV:** _____

Credit Card Holder's Name: _____

Credit Card Holder's Zip: _____ **Credit Card Holder's Phone Number:** _____

Credit Card Holder's Signature: _____ (required)