




EXHIBITOR BADGE ORDER FORM

****Exhibitor badges will NOT mail, they must be picked up onsite****

Option 1

Register On-Line: 
www.buildingsny.com

Option 2


Fax to: (708) 344-4444

Option 3

 **Mail to:**
 Buildings NY 2012
 P.O. Box 6271
 Brookfield, IL 60155-6271

Exhibitor Badge Allotments will be according to the following scale:

Five (5) badges per 100sq feet

There is a \$10 FEE for each Exhibitor Badge requested over your allotment.

On-site badges will be \$10 even if you are with-in your allotment.

Key Contact Information: (Badge confirmations will be e-mailed to Key Contact)

Booth Number: _____

Company: _____

Main Contact First & Last Name: _____

Street Address _____

City, State, Zip, Country: _____

Please List Booth Personnel Requiring Badges. Please print clearly. If any of your booth personnel would like to have different company information displayed on his/her badge other than the Key Contact information, please specify below.

1) Check here if mailing address is same as main contact address.
 Name: _____
 Company Name: _____
 Address 1: _____
 City,State,Zip: _____
 Email: _____

2) Check here if mailing address is same as main contact address.
 Name: _____
 Company Name: _____
 Address 1: _____
 City,State,Zip: _____
 Email: _____

3) Check here if mailing address is same as main contact address.
 Name: _____
 Company Name: _____
 Address 1: _____
 City,State,Zip: _____
 Email: _____

4) Check here if mailing address is same as main contact address.
 Name: _____
 Company Name: _____
 Address 1: _____
 City,State,Zip: _____
 Email: _____

5) Check here if mailing address is same as main contact address.
 Name: _____
 Company Name: _____
 Address 1: _____
 City,State,Zip: _____
 Email: _____

6) Check here if mailing address is same as main contact address.
 Name: _____
 Company Name: _____
 Address 1: _____
 City,State,Zip: _____
 Email: _____

7) Check here if mailing address is same as main contact address.
 Name: _____
 Company Name: _____
 Address 1: _____
 City,State,Zip: _____
 Email: _____

Photocopy form for additional names.

PAYMENT INFORMATION: AMOUNT DUE: _____

METHOD OF PAYMENT: CHECK # _____ (MAKE CHECKS PAYABLE TO REED EXHIBITIONS)

CREDIT CARD: ___ VISA ___ MC ___ AMEX

CREDIT CARD #: _____ EXPIRATION DATE: _____

CARDHOLDER NAME: _____ CARDHOLDER SIGNATURE: _____

I agree to pay the above Grand Total amount according to my credit card agreement.

NO ONE UNDER THE AGE OF 18 WILL BE ADMITTED, INCLUDING INFANTS AT ANY TIME.