



# EXHIBITOR BADGE ORDER FORM

(FOR PERSONNEL STAFFING EXHIBIT BOOTHS ONLY)

**PLEASE TYPE OR PRINT**

BOOTH #: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**IMPORTANT DEADLINE: THIS FORM MUST BE RETURNED BY March 16, 2012**  
**Please Prepare Badges For the Following Booth Personnel:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Please Complete This Form and Return  
Via E-Mail to: [cmxciphex@salshow.com](mailto:cmxciphex@salshow.com)  
OR Via Post to: CMX-CIPHEX  
25 Bradgate Road, Toronto, Ontario M3B 1J6