

3i SHOW BADGE INFORMATION

COMPANY NAME _____
(As Listed on Contract)

Attending Representative Names:
(Please type or print clearly to help expedite your show registration and check-in.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PLEASE FAX BY WEDNESDAY, APRIL 27th TO:

(620) 227-8090

Or mail to:
Western Kansas Manufacturers Association
P.O. Box 1382
Dodge City, KS 67801