

EXHIBITOR EMPLOYEE LIST

Exhibitor Company Name: _____

Employees must be on this list to enter the show through the exhibitor entry or they will need to pay admission. This list is for employees only! Additional passes for employees above the 4 per booth may be purchased \$5/each.

NAMES

The Names on the list must have ID to pick up their Exhibitor Passes to get into the show.

1) _____

2) _____

Wristbands will be provided for entry and re-entry into the show. Each day of the show will have a different color.

3) _____

Torn, shredded or broken wristbands will not be admitted.

4) _____

Additional Names

Please use one of the following to send us this list:

5) _____

Email: info@spokanegolfshow.com

Fax: 509-621-0118

6) _____

Mail: PO Box 85
Newman Lake, WA 99025

7) _____



For Office use:

Approved by: _____

Notes: _____

Additional passes - Invoice ___ x \$5 = _____