



ORDER FORM - ADDITIONAL EXHIBITOR BADGE

| Company Name | | | | |
|-------------------------------|------------------------------|--|--|--|
| Primary Contact | | | | |
| E-mail | | | | |
| Street Address | | City | | |
| Province / State | ZIP/Postal Cod | le Country | | |
| Office Phone | Ŋ | Mobile Phone | | |
| # of passes required @ \$2 | | 0.00 each (taxes incl.) TOTAL: \$ | | |
| Names of staff members w Name | orking in your booth. Nar | ne | | |
| Credit Card: Visa | Mastercard | | | |
| Cardholder Name | | | | |
| Credit Card No. | | Exp. Date | | |
| CVV Number | Signature | The charge on the card will appear as Power Sport Services | | |

Please email back completed form to jcamplani@motocanada.com

All ordered badges can be picked up at the Show Office: Jan 11th, 2024 after 12:00 p.m.

Please have each individual staff member check-in to the Show Office with appropriate identification to pick up their name badge.



