

## Advance Registration Form

### EXHIBITOR BOOTH PERSONNEL

You can enter this information online at [www.aorn.org/industry/exhibiting.htm](http://www.aorn.org/industry/exhibiting.htm)

BOOTH NUMBER: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
(Street) (City/State/Zip)

TELEPHONE #: \_\_\_\_\_

The following registrants approved by: \_\_\_\_\_  
(Name) (Title)

Please see enclosed instructions to complete this form. Your company is entitled to five (5) free registrations per 10' x 10' unit of space. Payment of \$50 per badge must be enclosed for any registrations over your allotment. All names must be alphabetized. Any listings not alphabetized by last name will be returned. FORMS MUST BE RECEIVED AT AORN BY MARCH 1, 2005. **CHILDREN ARE NOT ALLOWED TO REGISTER**. Any data entry for booth personnel that is entered online can be edited, changed, or deleted at any time by using your company Passcode and User ID number.

#### REGISTRATION ON THE INTERNET IS AVAILABLE.

**INSTRUCTIONS FOR INTERNET REGISTRATION ARE ON THE NEXT PAGE OF THIS SERVICE KIT.**

\*ALPHABETIZE BY LAST NAME\*

Last Name	First Name	City, State
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		

\*Your badges will convey the name of your company as it is indicated on your exhibit contract.

#### PLEASE COMPLETE:

TOTAL NUMBER REGISTERED

SUBTRACT COMPLIMENTARY REGISTRATIONS

PAID REGISTRATION @ \$50

For payment by credit card:

VISA    MasterCard    AMEX    Discover

Card Holder \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Order # \_\_\_\_\_ Batch # \_\_\_\_\_

#### MAIL TO:

AORN Sales & Exhibitions Dept.  
2170 S. Parker Rd., Ste. 300  
Denver, CO 80231-5711  
(800) 755-2676 ext. 321  
FAX # (303) 752-2044

**Total \$ Enclosed:** \_\_\_\_\_

**CHECK #** \_\_\_\_\_