

Badge Form

Please provide us with the names of the individuals who will be representing your company by completing and returning this form prior to **Friday, August 2nd**.

- 6' Table Top Exhibit 3 Complimentary Full Meeting Badges
- 10' x 10' Exhibit 6 Complimentary Full Meeting Badges

COMPANY NAME _____

STAFFING

The following representatives will be attending the 2019 San Diego Cardiovascular Interventions. Please write their names as they should appear on their badge:

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

***Please attach a separate sheet for additional badges required.**

Additional badge fee at \$150.00 each: \$ _____

• Please make checks payable to:

Gaffney Events Educational Trust
 Tax ID# 47-3109028
 27322 - NE 143rd Place
 Duvall, WA 98019

• Please mail checks to:

GAFFNEY EVENTS
 Attn: Tricia Gaffney
 27322 - NE 143rd Place
 Duvall, WA 98019



Payment Via Credit Card:

**Note: 3% will be added to all exhibit fees paid via credit card to cover bank service fees*

- Visa
 MasterCard
 American Express
 Discover

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD NUMBER: _____ CVC: _____

BILLING ADDRESS / ZIP: _____ EXP. DATE: _____

Authorized Company Representative:

SIGNATURE: _____ DATE: _____