



WESTERN CARWASH ASSOCIATION  
 29<sup>TH</sup> ANNUAL CONVENTION & TRADE SHOW  
 OCTOBER 11-13, 2010

# Guest Badge Request Form

Register them here so they are ready for pick up at the show!

Not to exceed the **total** number of available badges based on booths purchased or sponsorship level.

**Please return to WCA by Tuesday, September 21<sup>st</sup>.**

**Please print or type**

Company Name Sponsoring Badges: \_\_\_\_\_

Person to contact regarding this form: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

As an exhibitor, you are entitled to **three (3) FREE booth personnel exhibit passes** for the first booth space purchased and **two (2) for each additional space (10X10) purchased**. If you wish to use your Free booth personnel badges for clients you may do so, however we ask that you provide the following information so we can print them a badge and have it waiting at registration for them. Host more clients and purchase additional Two-day exhibit passes to give to your clients \$129.00 per person for a two-day exhibit pass this includes the "Catch the Wave" Reception, Tuesday from 4-6pm on the tradeshow floor.

**Lost badge replacement fee \$20.00 each. Use a separate sheet for additional name badges.**

Name \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Guest of \_\_\_\_\_

Guest of \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Guest of \_\_\_\_\_

Guest of \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Guest of \_\_\_\_\_

Guest of \_\_\_\_\_

## PAYMENT INFORMATION

Total Amount Enclosed \$ \_\_\_\_\_  Check/Money Order (Made payable to the WCA Convention & Trade Show)

Visa  Master Card  AMEX  Discover Credit Card# \_\_\_\_\_ Exp Date \_\_\_\_\_

Security Code \_\_\_\_\_ Signature \_\_\_\_\_

**Mail or Fax completed form to: WCA 2010 Show ~ 950 Glenn Dr. Suite 150, Folsom, CA 95630**

For questions concerning badge requests call Carolyn: (916) 235-4135. Fax (916) 932-2209.