

OMG

EXHIBITOR'S ORDER FORM

EVENT TITLE: _____

EXHIBITOR'S NAME: _____

ON SITE CONTACT: _____

COMPANY ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

EQUIPMENT ORDERED *(if applicable)*:

EXHIBITOR FEE: (includes 2 exhibit attendants) ____ \$1,000.00

Additional Exhibit Personnel: # ____ x \$250.00 ea. = \$ ____

TOTAL FEE \$ ____

NAME ON CREDIT CARD: _____

CREDIT CARD TYPE: _____

CREDIT CARD NUMBER: _____

EXP. DATE: _____

*In compliance with existing and proposed privacy statutes, OMG no longer accepts the following via email: credit card information.
Please fax credit card information to our secure fax line at 781-444-4864.*