

FRIDAY, APRIL 4 - SUNDAY, APRIL 6, 2025

Charlotte Convention Center • Charlotte, NC

2025 EXHIBITOR GUEST PASS

The Exhibitor Guest Pass provides single-day admission to the exhibit hall on Saturday, April 5 <u>OR</u> Sunday, April 6 for your customers or your potential customers. The Exhibitor Guest Pass may <u>not be combined for multiple days</u>. Exhibitors receive two complimentary Exhibitor Guest Passes for each one hundred square feet of standard space or one complimentary exhibitor guest pass for each one hundred square feet of truck space. Exhibitors may order additional Exhibitor Guest Passes for \$35 each by completing the attached order form. <u>Any forms received after the deadline of March 21, 2025 will be charged \$35 for each registrant</u>.

Exhibitor Information		
Exhibiting Company:		
Booth Number:	Booth Size	# Passes:
Contact Name:		
Phone Number:	Email:	
Exhibitor Guest Pass Regis	strant Information	
Please complete the Exhibitor Gue	est Pass registrant information below and select	which day the individual will attend. NPGA will issue an
confirmation to the registrant. Ad	ditional forms may be completed for exhibitors	with more than two complimentary allotments.
First Name:	Last Name:	
Company:	Title:	
Address:		
City:	State:	Zip:
Email (required):		
Attendance Day: Saturday <u>OR</u> Sun	nday:	
First Name:	Last Name:	
Company:	Title:	
Address:		
City:	State:	Zip:
Email (required):		
Attendance Day: Saturday OR Sun	nday:	

The deadline for this form is Friday, March 21, 2025. Any forms received after the deadline will be charged \$35 for each registrant. Send form to: registration@npga.org



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Exhibitor Information		
Exhibiting Company:		
Booth Number:		
Contact Name:		
Phone Number:	Email:	
Exhibitor Guest Pass Information		
First Name:	Last Name:	
Company:	Title:	
Address:		·
City:	State:	Zip:
Email (required):		
Attendance Day: Saturday <u>OR</u> Sunday:		
First Name:	Last Name:	
Company:	Title:	
Address:		
City:	State:	Zip:
Email (required):		
Attendance Day: Saturday <u>OR</u> Sunday:		
Payment Information		
Number of Additional Passes at \$35 each:	Payment Amount: \$	
Credit Card:	ss	ard Uisa
Credit Card Number:	Credit Card Expiration:	
Credit Card Holder:	Credit Card Security Code:	
Signature: Signature authorizes National Propage Gas Association to charge the amount of the same of t		

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