

Exhibitor Credentials/Guest Pass Order Form

4-Day Exhibitor Badge \$10.00 each (TO BE PICKED UP IN SHOW OFFICE)

~~~~~	□ 10 ~~~~~~~	□ 20	□ 40	☐ Other	~~~
PLEASE	SEND MY 0	GUEST PASS	ES TO:		
Company	/:		<del> </del>		
Contact:					
City:			State:	Zip:	
Phone: _		Fax:			
Email:					
I prefer t	o pay for t	he additiona	al Wallet Ca	rds/Guest Passes by:	
	heck #	x# / □ VISA / □ MASTERCARD / □ AMEX			
	(	Checks pay	∕able to Maı	ketplace Events)	
	G	luest Passe	s @ \$5.00 e	each = \$	_
		*Please p	orovide payme	ent information.	
Credit Card Account Number:				Exp. Date:	
Card Holder's Name:				Amount:	
Signatur				Date:	

Des Moines Home + Garden Show

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