



# Working Exhibitor Information

National Marine Manufacturers Association

9050 Pines Blvd.  
Suite 305

Pembroke Pines, FL 33024

## Miami International Boat Show

Miami Beach Convention Center

February 17 - 21, 2011

Due Date: 12/30/2010

### Exhibitor of Record/Contract Contact:

Contact Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_

We do not have any working dealers.

If space is contracted to a manufacturer, please list all dealers that will be working in your space. If space is contracted to a dealer, please list all factory representatives that will be working in your space. We will forward a separate badge order form directly to each Working Exhibitor listed below.

### Primary working exhibitor responsible for managing the exhibit:

Company Name: \_\_\_\_\_ Web: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

### List Additional Working Exhibitor Companies

Company Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ Web: _____ Contact Name: _____ Contact Email: _____	Company Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ Web: _____ Contact Name: _____ Contact Email: _____
Company Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ Web: _____ Contact Name: _____ Contact Email: _____	Company Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ Web: _____ Contact Name: _____ Contact Email: _____

Note: Any changes to working exhibitor companies & contacts must be forwarded immediately. We will forward a separate badge order form directly to each Working Exhibitor listed above. By signing and submitting this form to NMMA, Exhibitor acknowledges, agrees and consents to receipt of notices from NMMA and its affiliates by facsimile or electronically, using the contact information set forth on this form.

Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

### QUESTIONS?

Please contact: Ms. Venus Almodovar Berryman  
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Phone: (954)441-3226 Fax: (954) 378-3026  
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