



Booth Personnel List – Portland

Oregon Convention Center • Halls D-E

777 NE Martin Luther King Jr. Blvd. • Portland, OR 97232

Deadline:
February 13,
2015

THIS FORM MUST BE COMPLETED AND SIGNED BY THE PRINCIPAL BOOTH HOLDER.

Company owners will NOT automatically receive credentials. Their attendance must be reported, along with other booth personnel.

YOU MAY SHARE YOUR BOOTH WITH ANOTHER COMPANY FOR AN ADDITIONAL \$250 CHARGE.

ANA membership with dues paid is required for all booth personnel. A maximum of three qualifying personnel (including the principal table holder) will receive complimentary access to each booth purchased by the company. Additional employees may be added to the booth(s) for a fee of \$50 per person. Immediate family members may work the booth(s) free of charge, after the cost of membership dues.

**AFTER FEBRUARY 13, EACH CHANGE AND/OR ADDITION
TO YOUR EMPLOYEE LIST WILL INCUR A \$200 CHARGE.**

Show site additions and changes will NOT be accepted.

SAVE MONEY BY RESPONDING TODAY.

Send your completed and SIGNED list by mail, email or fax.

PLEASE PRINT LEGIBLY.

COMPANY: _____

ANA member number, full name and city and state of residency required for each person obtaining access to a company booth.

BOOTH #1 PERSONNEL LIST

1. Company Owner (if attending)

ANA #: _____ Name: _____ City: _____ State: _____

2. Employee

ANA #: _____ Name: _____ City: _____ State: _____

3. Employee

ANA #: _____ Name: _____ City: _____ State: _____

BOOTH #2 PERSONNEL LIST

1. Employee

ANA #: _____ Name: _____ City: _____ State: _____

2. Employee

ANA #: _____ Name: _____ City: _____ State: _____

3. Employee

ANA #: _____ Name: _____ City: _____ State: _____

(Continue on reverse) ►

Booth Personnel List – Portland *(continued)*



BOOTH #3 PERSONNEL LIST

1. Employee

ANA #: _____ Name: _____ City: _____ State: _____

2. Employee

ANA #: _____ Name: _____ City: _____ State: _____

3. Employee

ANA #: _____ Name: _____ City: _____ State: _____

BOOTH #4 PERSONNEL LIST

1. Employee

ANA #: _____ Name: _____ City: _____ State: _____

2. Employee

ANA #: _____ Name: _____ City: _____ State: _____

3. Employee

ANA #: _____ Name: _____ City: _____ State: _____

SHARE TABLE PERSONNEL LIST

1. Company Owner (if attending)

ANA #: _____ Name: _____ City: _____ State: _____

2. Employee

ANA #: _____ Name: _____ City: _____ State: _____

3. Employee

ANA #: _____ Name: _____ City: _____ State: _____

To add additional personnel, contact ANA Meeting Services.

**Please ensure that all dues/new membership requirements are met prior to February 13, 2015
by calling our membership department at 800.514.2646.**

I certify that the people indicated above and those indicated on the reverse side of this document will be working at my table(s) at the World's Fair of Money and that said persons are bona fide employees of the above listed company, immediate family members of the owner, or a paid share dealer of the principal table holder and that all are ANA members in good standing.

Signature of Applicant: _____

MAIL OR FAX TO:
ANA Conventions
818 N. Cascade Avenue
Colorado Springs, CO 80903-3279
Fax: 719.482.9882

CONTACT
INFORMATION:
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