Name Tag Request Form

All requests must be turned in FOUR WEEKS before event.

Name of organization: _____

Contact name: _____

Contact Phone: _____

Contact Address: _____

City: _____ State: _____ Zip: _____

Number of Nametags Needed: _____

Lanyards included? _____

Description of event: _____

_____

Event Dates: _____

Contact Signature: _____

Requirements: Data base in Excel format, if logo it must be in jpg format, please turn files in to the CVB office 2 weeks before event

Please return completed form to:

Joplin Convention & Visitors Bureau
602 S. Main Street, Joplin, MO 64801
417.625.4789 800.657.2534
417.625.4790 www.visitjoplinmo.com