

SACRAMENTO BOAT SHOW

& off road exposition

March 8 - 11, 2018 ~ Cal Expo

Parking Pass Order Form

DUE NO LATER THAN: February 1st.

Don't stand in Line at the Show Office

Cal Expo Parking Passes: Valid for one daily parking each day Thursday – Sunday of the Show

- ✓ Cal Expo charges \$10.00 at the gate for parking
- ✓ **Exhibitors can buy discounted parking passes from show management for \$5.00 per pass**
- ✓ The parking pass is for one car with no in and out privileges per day
- ✓ Save time at the show and pre-order your parking passes

Parking passes can be picked up on site at the show office.

EXHIBITOR PARKING PASS ORDER

| # of Parking Passes Ordered: _____ | | Price per Pass \$ _____ | Total Cost: \$ _____ | | | | | | | | | | | | | | | | | |
|--|---|-------------------------|----------------------|--|------------------------------|--|--|--|-------------|---|----------|----------|--|----|--|--|--|----|--|--|
| Company: _____ | <table border="1"><thead><tr><th colspan="4">Do Not write in this section</th></tr><tr><th>Beginning #</th><th>-</th><th>Ending #</th><th>Quantity</th></tr></thead><tbody><tr><td></td><td>TO</td><td></td><td></td></tr><tr><td></td><td>TO</td><td></td><td></td></tr></tbody></table> | | | | Do Not write in this section | | | | Beginning # | - | Ending # | Quantity | | TO | | | | TO | | |
| Do Not write in this section | | | | | | | | | | | | | | | | | | | | |
| Beginning # | - | Ending # | Quantity | | | | | | | | | | | | | | | | | |
| | TO | | | | | | | | | | | | | | | | | | | |
| | TO | | | | | | | | | | | | | | | | | | | |
| Contact _____ | | | | | | | | | | | | | | | | | | | | |
| Orders cannot be processed without a valid credit card. | | | | | | | | | | | | | | | | | | | | |
| Type of Card: | Visa Card | MasterCard | American Express | | | | | | | | | | | | | | | | | |
| Card #: _____ | Exp. Date: _____ | Security Code: _____ | | | | | | | | | | | | | | | | | | |
| Name on the Card: _____ | | | | | | | | | | | | | | | | | | | | |

By completing this credit card payment form, you authorize SVMA Inc. to charge your credit card as described above.

Cardholders Signature: _____

Date: _____

Please fax the completed form to 916-850-2732 or scan and email to jorgen@norcalmgmt.com