



Parking Pass Order Form

Please complete this authorization form. Print legibly, Please!

If you have any questions, contact Angela Ward at 614-531-0999.

Company Name: _____

Contact Name: _____

Onsite Number: _____

E-Mail Address: _____

Method of Payment (please check one):

Credit _____ **Company Check** _____ **Cash (onsite)** _____

*(Checks need to arrive at the GAMA office before Friday June 9th)

Cardholder Name: _____

Billing Address: _____

Billing Zip Code: _____

Card Type: _____ **Visa** _____ **MasterCard** _____ **AMEX** _____ **Discover**

Card Number _____ - _____ - _____

Expiration Date: _____ / _____

Card Identification Number: _____

Amount Charged: \$ _____ (USD)

Apply Amount to: (include invoice number or payment description)

\$75 East Lot Parking Pass

The cardholder agrees that the GAME MANUFACTURERS ASSOCIATION will immediately bill the credit card for the amount shown above.

THE PARKING PASS MUST BE RETURNED BY SUNDAY JUNE 18th
BY 10:00pm EST to the Sales/Security Kiosk located in the front of
the Main Exhibit Hall.

Cardholder's signature: _____ **Date:** _____

To submit this form, email to sales@gama.org, fax to 614-255-4499 or send to:

Game Manufacturers Association
240 N. 5th Street Suite 340
Columbus, OH 43215