



CRA Trade Show

Thursday, January 29, 2026 ■ 11:00 am - 3:00 pm
Arapahoe County Event Center ■ 25690 E. Quincy Ave. ■ Aurora, CO 80016

Pre-Registration Form Exhibitor Badges

Have your badge(s) waiting for you at your table by emailing the names of your team members working the show to the CRA Office by January 26, 2026.

****NEW** Badges Included with table:**

1 table = 4 badges

3 tables = 12 badges

2 tables = 8 badges

4 tables = 12 badges

Any additional badges requested will be billed at \$20.00 per name. (i.e., if you purchase 1 table and need 6 badges, you will owe 2x20 = \$40.00)

If you did not include names when purchasing your table or need to add new names, you can do that via the online Vendor Registration Page (scroll down to badge ticket area) at <https://www.coloradoroofing.org/events/trade-show-2026-vendor/register> and add names there and or purchase extra badges. (If you need to remove or change people you have already given us, please [email a note](#) and we'll adjust it for you on our end).

Or, just use this form and email it back to us.

Company _____

List prepared by _____ Date: _____

TYPE OR PRINT CLEARLY (Type "Company" only if different from the one listed above. If you need more space, please attach sheet).

Name _____

Company _____

Extra Badges: Any badges used beyond your booth's allotted amount that are not purchased in advance will be billed accordingly.

Scan/Save & email to: accounting_cra@coloradoroofing.org



CRA TRADE SHOW BADGE FORM

VENDOR BADGE & PAYMENT AUTHORIZATION FORM

Event Date: Thursday, January 29, 2026

CONTACT:

Name: _____

Company: _____

Extra Badges (Included with Purchase of:

1 table = 4 badges

3 tables = 12 badges

2 tables = 8 badges

4 tables = 12 badges

Any additional badges requested are \$20.00 per name.

\$20 x _____ Extra _____

(i.e., if you purchased 1 table and need 6 badges, you will owe 2x20=\$40.00)

TOTAL DUE: _____

PAYMENT:

Credit Card (below) _____

Card Type: ☐ VISA ☐ M/C ☐ AMEX ☐ DISCOVER

Name on Card: _____

Card #: _____ - _____ - _____ Exp. Date: _____/_____/_____

Security Code: _____ Phone #: _____

Cardholder Billing Address: _____

Cardholder Billing City, State, Zip: _____

→ Cardholder Signature: _____

Please Email Receipt to: _____

I hereby authorize the Colorado Roofing Association, to charge my Credit Card for the amount listed above. Any default to this agreement will result in legal action against card holder. Chargeback's to authorized charges will be treated as NSF and reported to Credit reporting service of choice.

The information contained is "CONFIDENTIAL" and must be treated in accordance with company policy.

PLEASE RETURN TO:

Colorado Roofing Association
P.O. Box 740550
Arvada, CO 80006-0550

Scan & Email to:
Diana Johnson
accounting_cra@coloradoroofing.org

Phone/SMSText:
303-484-0549

Show Cancellation Policy. A 75% refund will be issued on all written cancellations received on or before October 1, 2025. A 50% refund will be issued on all written cancellations received on or before December 23, 2025. There will be no refunds for cancellations made on or after December 24, 2025. ** There are no refunds for outdoor space in the event of inclement weather on 1-29-26.