| FORM | Code | FM-TF-04 |
|---|---|---|
| | Rev. | 0 |
| | Date | 01-Oct-22 |

# GATE PASS

_____
(Event Title)

_____
(Venue)

____IN ____OUT

EVENT DATE : _____
INGRESS/EGRESS: _____
COMPANY NAME : _____

☐ ORGANIZER ☐ EXHIBITOR ☐ CONTRACTOR

| QUANTITY | ITEM DESCRIPTION (Attach separate list if necessary) |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| | _____ |
| | _____ |
| | _____ |

***(Update this section as needed)***

1. Please accomplish this Gate Pass in 3 copies.
   Distribution: 1 for the Mall Entrance Guard
   1 for the Hall Entrance Guard
   1 for the Exhibitor
2. Items will only be allowed entry if covered by a properly accomplished Gate Pass.
3. Do not lose this Gate Pass as this will also be used in moving out the abovementioned items.

***Requested by:***

_____
Exhibitor Representative

***Approved by:***
*(For ingress only)*

_____
Exhibit Hall

***Authorized by:***
*(For egress only)*

***Checked by:***

| | | |
|---|---|---|
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Event Organizer

Security Guard