

Company Name: _____ Booth # _____

1) SERVICE KIT RECEIVED ACKNOWLEDGEMENT

This Exhibitor Service Kit will provide you with all the necessary information needed to make your show experience both positive and productive. Please review the information enclosed and pay attention to the **deadlines** for advance order discounts. **This can save you time and money.**

So we can be sure you received access to your Exhibitor Service Kit please complete and fax this form to Show Management.

Contact: _____ Title: _____

Signature: _____ Date: _____

2) EMERGENCY ON-SITE CONTACT PERSON

Please provide the name and contact information of the primary individual who will be staffing your booth on-site. This information will allow us to contact your booth representative after show hours **in the event of an emergency.** *This information will be kept confidential.*

On-site Contact Person: _____

Cell Phone: _____ Home Number: _____

Hotel Name: _____ Hotel Phone: _____

3) COMPANY CONTACT INFORMATION CHANGE NOTIFICATION

The person and/or address that received this Exhibitor Service Kit is the contact currently in the Training 2008 database. If this information is no longer correct, please provide the new information below and your exhibitor record in our database will be updated promptly.

NEW Contact Information (complete ONLY if key information has changed)

Company: _____

Previous Contact Name: _____

New Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____ Fax: _____

PLEASE FAX FORM TO: (703) 488-2726