

Name of Event							
Date	Year	Month	Day	To	Year	Month	Day
From							

Exhibitor's Name	Contact Name
Booth N°	Phone N°

Product	Non-Manufacturer Product <input type="checkbox"/>
Product Manufacturer <input type="checkbox"/>	

Product Description (provide a photo)	Size (oz, g or ml)	Rate (if sold)

Exhibitor	
Signature	Date
Promotor	
Signature	Date

Please return the completed form to your promotor.