

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

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

Product Product Manufacturer <input type="checkbox"/>	Non-Manufacturer Product <input type="checkbox"/>
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Product Description	Size	Rate (if applicable)

Authorization ExpoCité	
Signature	Date

Please return the completed form to your event technician.