

EXHIBITOR BADGE REGISTRATION FORM

This form **MUST** be completed and faxed back by:

FRIDAY APRIL 4, 2008

FAX: 905 479-1364

PLEASE TYPE OR PRINT NAME(S) CLEARLY

Company Name: _____

Contact: _____ Booth Number: _____

Email: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____