

EXHIBITOR BADGE ORDER FORM

Complete this form and fax back to 905-405-9870 by October 1, 2011
or **SAVE TIME** and register online at www.cwre.ca

All personnel working in exhibitor booths must have an exhibitor badge. All exhibitor badges can be picked up onsite.

Authorized Representative: _____

Company Name / Booth Number: _____

Address: _____

City: _____ **Province / State:** _____

Country: _____ **Postal / Zip Code:** _____

Phone: _____ **Fax:** _____

E-mail: _____

PLEASE TYPE OR PRINT LEGIBLY HOW YOU WISH YOUR NAME TO READ ON YOUR BADGE

Please note: Only personnel who work regularly in your exhibit are entitled to exhibitor credentials. In order to facilitate Exhibitor Registration, we request that you send this form at your earliest convenience.

FIRST NAME

LAST NAME

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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