



## 2010 REPRESENTATIVE REGISTRATION FORM

Please indicate name and full address of the reps present in your stand

• Exhibitor full address :

Company name			
Address	City	Province	Postal code
( )	( )		
Telephone	Fax		

• Representative names (Please indicate full address if different than the exhibitor company)

1.			
Rep name	Email		
Address	City	Province	Postal code
( )	( )		
Telephone	Fax		

Quebec

Montreal

2.			
Rep name	Email		
Address	City	Province	Postal code
( )	( )		
Telephone	Fax		

Quebec

Montreal

3.			
Rep name	Email		
Address	City	Province	Postal code
( )	( )		
Telephone	Fax		

Quebec

Montreal

If you need to register more than 3 reps, please make photocopies  
Thank you for faxing this form as soon as possible: (450) 646-3918