

ATTENDEE LIST ORDER FORM

2017 PRE-SHOW LIST (Available June 15, 20)17 – No updates after	this date)
Total Pre-Show List Restaurant/Foodservice		\$400 \$250
2017 POST-SHOW (Available August 7, 2017)	
Total Post-Show List Restaurant/Foodservice		\$500 \$300
All lists come in Excel format and will be emailed to the address you submit below. If a file is too large to send via email, it will be mailed to you on a CD. Each record contains: Attendee Name, Company, Address, Type of Business, Position, Buying Influence, and whether or not they Serve Alcohol.	G	Subtotal \$ Sales Tax \$ (8.25% Texas-based exhibitors only) RAND TOTAL: \$
Company Name:	Contact Name:_	
Address:		
City:	State:	ZIP:
Phone:	Fax:	
Email:		
*PCI Compliance mandates that this form mus	st be mailed or faxed—	-Do not email!
Check #American ExpressM	lasterCard/VisaD	iscover
Card Number:		
Exp. Date:	otal Amount:	
Cardholders Name:		
Billing Address:		
City:S	tate:Z	IP:
Signature:		

Fax completed form with payment information to 512.477.6486 or mail to:

TRA Marketplace, P.O. Box 1429, Austin, TX 78767-1429

For more information, contact the TRA Marketplace Department at 800.395.2872 or email expoinfo@tramail.org