

# BioProcess International US West

## Onsite Contact Form

**DEADLINE: February 4<sup>th</sup>**

Company Name: \_\_\_\_\_ Booth # \_\_\_\_\_

### 1) SERVICE KIT RECEIVED ACKNOWLEDGEMENT

So we can be sure you received access to your Exhibitor Service Kit please complete and email this form to Show Management.

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 2) ON-SITE CONTACT PERSON

Please provide the name and contact information of the primary individual who will be staffing your booth on-site. This information will allow us to contact your booth representative after show hours **in the event of an emergency.** ***This information will be kept confidential.***

On-site Contact Person: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Number #: \_\_\_\_\_

Email: \_\_\_\_\_

Hotel Staying at BioProcess International: \_\_\_\_\_

Arrival: \_\_\_\_\_ Departure Date: \_\_\_\_\_