



**JACOB K. JAVITS CONVENTION CENTER
MAY 17-20, 2014**

SHOW-SITE CONTACT INFORMATION

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 representative after show hours in the event of an emergency. This information will be kept confidential.

Company Name _____

On-Site Contact Person _____

Cell Phone Number _____

Email _____

Pager Number _____

Home Number (If Local) _____

Hotel Name _____

Hotel Telephone Number _____

RETURN THIS FORM TO:

**International Contemporary Furniture Fair®
GLM
1133 Westchester Avenue, Suite N136
White Plains, NY 10604-3547
FAX (914) 948-2837**

THIS FORM MUST BE RECEIVED BY APRIL 11, 2014