

Onsite Contact Form

DEADLINE: February 3rd

Company Name:	Booth #	
1) SERVICE KIT RECEIVED ACKNOW	VLEDGEMENT	
So we can be sure you received acc to Show Management.	ess to your Exhibitor Service Kit please complete and email this fo	orm
Contact:	Title:	
Signature:	Date:	
2) ON-SITE CONTACT PERSON		
•	t information of the primary individual who will be staffing your bus to contact your booth representative after show hours in the equilibrary will be kept confidential.	
On-site Contact Person:		
Cell Phone #:	Work Number #:	
Email:		
Hotel Staying at ePharma:		
Arrival:	Departure Date:	

Booth ID Sign

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A booth ID sign is included with your booth package. Show management will order your sign for you directly through GES Exposition Services and there will be no charge to you for this sign.

Show management cannot guarantee any sign changes after the due date above.

If you do not submit this form your sign will be ordered based on the company name listed on your event contract.

Dimension: 7" H x 44" W			
Lettering: Signs are printed in all capital letters			
Placement: Signs are hung over the back of your pipe and drape at a height of 8 feet			
Graphics: There are NO graphics included on these signs.			
Our Sign should read exactly as follows:			
Company Name:			
Booth Contact:			
Today's Date:			
SAMPLE SIGN FORMAT:			
ABC, Inc. Booth #			
44"			

Please email this form to Kristin Wittreich, Operations Coordinator at: Kristin.Wittreich@KNect365.com