☐ Company Info Change ☐ Contact Name Change ☐ Booth # Change
☐ Increase Booth ☐ Decrease Booth ☐ Rebill
☐ Cancellation ☐ ID Sign Copy Change ☐ Other

CHANGE FORM

Date: _____

Exhibitor Exhibitor ID# Show

Salesperson

New Address

New City/Province/Postal Code/Country

New Phone New Fax

New Contact Name New Title

☐ Cancel: Fee $__0__ Refund $__0__

☐ Booth #: From _____ To _____

☐ Increase: From ____X____ To ____X____@_____sq. ft. = $_____ Total Invoice Due

☐ Decrease: From ____X____ To ____X____@_____sq. ft. = $_____ Total Invoice Due

☐ Rebill: ☐ Please send new invoice ☐ Please charge credit card below

☐ Other Changes/Comments: _____

Exhibitor Signature: _____

Sales Manager Review:_____

PAYMENT:
CREDIT CARD ONLY PLEASE CHARGE TO MY: **VISA** **MASTERCARD** **AMEX** **DISCOVER**
CREDIT CARD ACCOUNT NUMBER: EXP DATE

																		/		

CARD HOLDER'S NAME:_____ SIGNATURE:_____

PLEASE DO NOT PROCESS WITHOUT SIGNATURE FROM SALES MANAGER