



# REQUIRED

## Exhibitor Emergency Contact Information

Please provide us with telephone numbers for the main contacts who can be reached in case of emergency during the week of the show (including show days and move-in/out). **Phone numbers will be for the use of IIDEX/NeoCon Show Management only.**

**Exhibiting Company:** \_\_\_\_\_ **Booth #** \_\_\_\_\_

### MAIN CONTACT PERSON:

\_\_\_\_\_ Cell phone number \_\_\_\_\_  
Main contact person's name

\_\_\_\_\_

Where is this person staying in Toronto? (Fill in name of hotel or write "at home" or "with friends", etc.)

\_\_\_\_\_ If hotel, fill in hotel phone number \_\_\_\_\_  
If hotel, name under which reservation is booked

\_\_\_\_\_ Email address \_\_\_\_\_  
If staying at home, fill in home phone number

### SECONDARY CONTACT PERSON:

\_\_\_\_\_ Cell phone number \_\_\_\_\_  
Secondary contact person's name

\_\_\_\_\_

Where is this person staying in Toronto? (Fill in name of hotel or write "at home" or "with friends", etc.)

\_\_\_\_\_ If hotel, fill in hotel phone number \_\_\_\_\_  
If hotel, name under which reservation is booked

\_\_\_\_\_ Email address \_\_\_\_\_  
If staying at home, fill in home phone number

**Deadline to submit this form: Wednesday September 9, 2009**

**(Fax to 416-944-9286)**