



Trip Seminar 2024

EXHIBITOR INFORMATION SHEET

Please type or print clearly using black or blue ink.

**Please attach a business card
with this sheet for verification.**

Return this **form** along with your **check** and copy of
your **signed contract** to:

Jody J. Jurgeto
227 Deerpath Drive W.
Schererville, IN 46375-2198 U.S.A.
E-mail: jody.cmssc@gmail.com
219-713-0211

SECTION ONE: Company information to be listed in the Trip Seminar Booklet. _____

Company Name: _____
Contact Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Cell/Mobile: _____
E-Mail Address: _____

SECTION TWO: List all representatives who will be attending and their title. A badge will be printed for each representative which must be worn at all times. The names of all representatives will appear in the Trip Seminar Booklet unless otherwise requested.

Name: _____ Title: _____

Name: _____ Title: _____

The base package includes the two representatives listed above.

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

SECTION THREE: You will be provided with one 7" x 22" sign, consisting of one or two lines.

Copy for sign _____

NOTE: If a second sign is desired, we will provide it at a cost of \$25.00.

Be sure to include this additional cost in your check for the Trip Seminar package.

Copy for 2nd sign _____
