



2007 OTC SPACE ASSIGNMENTS

14-25 August 2006

Designated Contact Form

Exhibiting Company: _____

Primary contact: _____

Title: _____

Phone: _____

Cell/Mobile Phone: _____

If I am unavailable, please contact*:

Additional Contact: _____

Title: _____

Phone: _____

Cell/Mobile Phone: _____

Additional Contact: _____

Title: _____

Phone: _____

Cell/Mobile Phone: _____

***Note to Exhibitor: Please make sure that your additional contact(s) are aware they may be called to act on your behalf.**

Return no later than Wednesday, 10 August to:

**Meetings & Exhibits Department
FAX: 972.952.9397 or 972.952.9435**