



New Product Display

Company Name: _____ Booth #: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____ Cell Phone #: _____

Product Information: **(Please print clearly. This information is used to print your sign.)**

Product Name: _____

Product Description: (10 words or less – *Show Management reserves the right to edit*):

Product Release/Intro Date: _____

If more than one product is being displayed, please copy this form and submit a separate application for each product! Thank you!

\$250 per new product

Check Credit Card

Credit Card: _____ Exp: _____ CID # _____

Name on Credit Card: _____

Authorized Signature: _____

Reservation DEADLINE January 14, 2011. No Entries accepted after deadline.

Mail or fax your form to:

Reaction Management, Inc.
9040 Foxline Drive
Corcoran, MN 55340
Fax: 763-416-4347