



## 2003 Canadian Power Trade Show Exhibitor Registration Form

Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Contact email: \_\_\_\_\_ Contact Fax: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
\_\_\_\_\_

**Booth #(s) First choice** \_\_\_\_\_  
**Second** \_\_\_\_\_  
**Third** \_\_\_\_\_

### **Full Conference Registration to:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Trade Show Booth Staff Passes To:**

#### **First Pass**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

#### **Second Pass**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**This form was completed by:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Independent Power Producers' Society of Ontario  
163C Eastbourne Ave, Toronto, ON, Canada, M5P 2G5, tel: 416-322-6549 fax: 416-481-5785  
or email to: [mikec@ippsso.org](mailto:mikec@ippsso.org) subject line: Trade Show Booth