

CONTACT INFORMATION

| Company Name: | Contact Name: |
|---|--|
| Contact Email: | Phone: |
| Mailing Address: | |
| City: Province: | Exhibit #: |
| Day 1 Contact: | Cell Number: |
| FOOD QUANTITY | |
| All food orders will include (1) Sandwich, (1) dessert square, vegetarian r | neat option ALLERGIES: our caterers w QTY ALLERGIES: do their best to |
| Wednesday April 2nd Quantity: | accommodate all allergies, to the best of their abilities |
| Thursday April 3rd Quantity: | CDX is not an allergen-free environment. |
| TOTAL QUANTITY: | |
| EXHIBIT DELIVERY LOCATION | |
| TIME AND LOCATION DELIVERY FOR EXHIBITOR TEAMS. De | livery will be between 12:00pm and 1:00pm. |
| HALL BOOTH# | Wednesday April 2nd Thursday April 3rd |
| PAYMENT | |
| CHEQUE - Made payable to Canadian Dairy XPO (Mai | l to 209-294 Mill Street East Elora ON, NOB 1S0 |
| Credit Card (2% service charge applies) | |
| Credit Card #: | Expiry: CVC#: |
| Name on Card : | Signature : |
| Payment must be received before April 1, 2025 | |

PLEASE SEND COMPLETED FORM TO conference@dairyxpo.ca