

CONTACT INFORMATION

Company Name:			Contac	t Name:		
Contact Email:				Phone:		
Mailing Address:						
City:	Province:		Exhibit #:			
Day 1 Contact:			Cell Num	nber:		
FOOD QUANTITY (ORDERS DUE BY MARCH 20TH)						
All food orders will	II food orders will include (1) Sandwich, (1) dessert square, ve vegetarian m QTY				,	ALLERGIES: our caterers will do their best to
Wednesday April 2nd Quantity:						accommodate all allergies, to the best of their abilities.
Thursday April 3rd TOTAL QUANTITY:	Quantity:					CDX is not an allergen-free environment.
TOTAL QUANTITY.	_					
EXHIBIT DELIVERY LOCATION						
TIME AND LOCATION DELIVERY FOR EXHIBITOR TEAMS. Delivery will be between 12:00pm and 1:00pm.						
HALL	BOOTH #	W	/ednesday A	pril 2nd	Thursday	/ April 3rd
PAYMENT						
E-Transfer to A	le payable to Canadian Da .ccounting@dairyxpo.ca 6 service charge applies)	niry XPO (Mail t	o 209-294 N	Лill Street Ea	st Elora (ON, NOB 1SO
Credit Card #:		Ex	piry:		CVC#	:
Name on Card:		S	ignature :			
Payment must be received before April 1, 2025						

PLEASE SEND COMPLETED FORM TO conference@dairyxpo.ca