

## SPECIAL EVENT/CELEBRITY APPEARANCE FORM

Please return this form by either FAX: (703) 907-7690 or E-mail: prcontacts@CE.org

Monday, January 8 - Thursday, January 11, 2007 Las Vegas, Nevada USA

EXHIBITOR INFORMATION				
Please print or type clearly				
Exhibitor Company Name (a	s listed in the Show Directory)			
(we must have a company contact) Exhibitor PR Contact Name	First Name		Last Name	
Exhibitor PR Contact Title				
Street Address				
City	State	Country	Zip/Postal Code	
Phone	Fax	Mobile		
E-mail			URL	
	SPECIAL EVENT	INFORM	ATION	
Please print or type clearly	<u> </u>			
Type of Event 🗆 MEDIA RECEPT	TION 🖵 CELEBRITY AUTOGRAPH SESSION	☐ OTHER (please specify)		
Name of Celebrity				
Time and Location				
Celebrity Publicist/Manager	or Event Contact Name			
Street Address				
City	State	Country	Zip/Postal Code	
Phone	Fax		Mobile	
E-mail			URL	
Do you want your event publicized? Is it invitation only?  Additional Information		□ YES	□ NO	