

CELEBRITY APPEARANCE/SPECIAL EVENT PROMOTION REQUEST FORM

PRODUCED BY CEA®

Tuesday, January 8–Friday, January 11, 2013 Las Vegas, Nevada USA Please return this form by either FAX: 703-907-8112 or E-mail: prcontacts@CE.org

EXHIBITOR INFORMATION				
Please print or type clearly				
Exhibitor Company Name (as lis	ted in the Show Directory)			
(we must have a company contact) Exhibitor PR Contact Name	First Name	La	st Name	
Exhibitor PR Contact Title				
Street Address				
City	State	Country	Zip/Postal Code	
Phone	Fax	Mobile		
E-mail		L	RL	
	SPECIAL EVENT	INFORMA	TION	
Please print or type clearly				
Type of Event 🗅 media reception	☐ 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	N	lobile	
E-mail		URL		
Is your event invitation only? Additional Information	□ YES □ NO			