

SPECIAL EVENT/CELEBRITY APPEARANCE FORM

PRODUCED BY

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

Thursday January 6 - Sunday January 9, 2005 Las Vegas, Nevada USA

EXHIBITOR INFORMATION				
Please print or type clearly				
Exhibitor Company Name (as li	sted 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 INFORMATION				
Please print or type clearly				
Type of Event q media reception q celebrity autograph session q 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 publi Additional Information	cized? Is it invitation only?	q YES	q NO	