

SPECIAL EVENT/CELEBRITY APPEARANCE FORM

PRODUCED BY CEA

Thursday January 5 - Sunday January 8, 2006 Las Vegas, Nevada USA Please return this form by either FAX: (703) 907-7690 or E-mail: prcontacts@ce.org or Mail: CEA

EXHIBITOR INFORMATION				
Please print or type clearly				
Exhibitor Company Name (as listed in	n the Show Directory)			
(we must have a company contact) Exhibitor PR Contact Name	t Name		Last Name	
Exhibitor PR Contact Title				
Street Address				
City	State	Country	Zip/Postal Code	
Phone	Fax		Mobile	
E-mail			URL	
SP	ECIAL EVENT	INFORM	ATION	
Please print or type clearly				
Type of Event 🗅 media reception 🗅	CELEBRITY AUTOGRAPH SESSION	☐ OTHER (please specify)		
		d		
Name of Celebrity				
Time and Location				
Celebrity Publicist/Manager or Eve	nt Contact Name			
Street Address				
City	State	Country	Zip/Postal Code	
Phone	Fax		Mobile	
E-mail			URL	
Do you want your event publicized	d? Is it invitation only?	☐ YES	□NO	
Additional Information				