



## New Product Display

Company Name: \_\_\_\_\_ Booth #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Product Information: (Please print clearly. This information is used to print your sign.)**

Product Name: \_\_\_\_\_

Product Description: (**10 words or less** – *Show Management reserves the right to edit*):

\_\_\_\_\_

Product Release/Intro Date: \_\_\_\_\_

***If more than one product is being displayed, please copy this form and submit a separate application for each product! Thank you!***

\$250 per new product

Check       Credit Card

Credit Card: \_\_\_\_\_ Exp: \_\_\_\_\_ CID # \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Reservation DEADLINE: January 6, 2017. No Entries accepted after deadline.**

Mail or fax your form to:      Reaction Management, Inc., 9040 Foxline Dr, Corcoran, MN 55340  
Fax: 763-645-8062