

EXHIBITOR PRE-SHOW CHECKLIST

Company: _____

Contact Person: _____

Date Completed: _____

Have you...	Yes	No
Completed the Certificate of Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Uploaded your Exhibitor Listing?	<input type="checkbox"/>	<input type="checkbox"/>

Once you have completed this form, please fax back to **403.253.7878**.

Edmonton Renovation Show
MARKETPLACE | EVENTS

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