



LEAD SERVICE ORDER FORM

PLEASE TYPE OR PRINT CLEARLY

EXHIBITING COMPANY: _____

CONTACT: _____ BOOTH NO: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL/ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

EARLY BIRD DEADLINE APRIL 10, 2009

All packages make use of the hand held bar code reader. No electricity is required. Each package entitles the use of the customized bar coded Exhibitor Lead Menu (please fill in the reverse side of this page). The varied packages listed below explain how your companies leads will be returned. Your choices with pricing are as listed:

| Number of units ordered | Package Type | Method in which leads will be returned to your company | 5% GST included | | Total for units ordered |
|-------------------------|---------------|--|-------------------------------|----------------------------|-------------------------|
| | | | Pricing prior to April 10, 09 | Pricing after April 10, 09 | |
| _____ x | BRONZE | Leads collected are processed and returned as a printout. | \$ 125.00 | \$ 150.00 | _____ |
| _____ x | SILVER | Leads collected are processed and returned as a printout and on diskette (dbase and ASCII format). | \$ 175.00 | \$ 200.00 | _____ |
| _____ x | GOLD | Leads collected are processed and returned in an Excel file, to arrive via email the day following the show. | \$ 175.00 | \$ 200.00 | _____ |

TOTAL _____

7.5% q.s.t. WILL AUTOMATICALLY BE ADDED FOR QUÉBEC COMPANIES

INTER-REG REGISTRATION INC.
 380 DU COLIBRI
 ROSEMÈRE, QUÉBEC
 J7A 4J7

PHONE: **450-621-0408**

FAX: **450-621-0821**

PAYMENT INFORMATION: Orders received without payment will NOT be processed
ACCEPTED MODES OF PAYMENT: Cheque Visa Master Card

Credit Card Number _____

Expiry Date _____
 (mm) (yyyy)

Cardholders Name _____

Cardholders Signature _____

NOTE: CREDIT CARDS WILL BE BILLED AS INTER-REG 1-888-335-5734

Lead package(s) will be available for pick up on the last day of move-in as well as 2 hours prior to the opening of the Show. Packages must be picked up, as they will NOT be delivered. Units not picked up and/or refund requests received within 72 hours of Show dates, are not eligible for refunds. Inter-REG assumes no responsibility for lost or incomplete information.



EXHIBITOR LEAD MENU

TYPE OR PRINT CLEARLY

A

LIST YOUR
PRODUCTS AND/OR SERVICES

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____

19 _____

20 _____

21 _____

22 _____

23 _____

24 _____

25 _____

B

REFERENCE EACH LEAD
BY: SALESPERSON, TERRITORY, DEPT.

1 _____

2 _____

3 _____

4 _____

5 _____

MAXIMUM 9 **C**

FOLLOW UP ACTION
CHECK BOX FOR STANDARD ACTION
OR LIST (CUSTOMIZE) YOUR OWN

PHONE CALL

FAX INFORMATION

EMAIL INFORMATION

SALES VISIT

DEMONSTRATION

SEND PRICE LIST

ADD TO MAILING LIST

QUOTATION

HOT LEAD

MAXIMUM 6 **D**

TIME FRAME FOR FOLLOW UP
CHECK BOX FOR STANDARD ACTION
OR LIST (CUSTOMIZE) YOUR OWN

DAY AFTER SHOW

END OF THIS WEEK

NEXT WEEK

IN 2 WEEKS

IN 1 MONTH

IN 3 MONTHS

IN 6 MONTHS

NEXT YEAR
