



OTC 2014 SPACE ASSIGNMENTS

Designated Contact Form

(Submit with Contract if not Rebooking On Site)

Exhibiting Company: _____

Primary contact: _____

Title: _____

Phone: _____

Cell/Mobile Phone: _____

Email: _____

If I am unavailable, please contact*:

Additional Contact: _____

Title: _____

Phone: _____

Cell/Mobile Phone: _____

Email: _____

Additional Contact: _____

Title: _____

Phone: _____

Cell/Mobile Phone: _____

Email: _____

***Note to Exhibitor: Please make sure that your additional contact(s) are aware they may be called to act on your behalf.**

**Exhibits Department
Secure Fax: +1.866.491.7171 or
FAX: +1.972.952.9435**