MONTRÉAL CANNABIS EXPO

# Exhibitor Registration

**Company Name:**_____

**Contact Person:**_____

**Email:**_____

This form **MUST** be completed by: October 12, 2018

Exhibitors must register in order to receive badges for the show. Please type the name and email addresses of the booth personnel working at the show and email to: badges@nationalevent.com

**THIS FORM IS FOR BOOTH PERSONEL ONLY.**

Exhibitors are provided with a maximum of 8 personalized name badges for the show

**Please complete the following information and email this form back to badges@nationalevent.com**

**Personnel Working Booth**

| | |
|---|---|
| **Name:** | **Email address:** |
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