



# 2016 OTC SPACE ASSIGNMENTS

## Designated Contact Form (Submit With Contract if not rebooking onsite)

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**