

RESERVATION FORM

FIRST COME,
FIRST SERVED!

Company: _____
PLEASE PRINT

Contact: _____

Billing address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Fax: _____


Email: _____

Contact at the Convention: _____ Mobile: _____

Description of the product or service:

Signature: _____ Date : _____

I want to get my products back after the convention.

WHEN YOU ARRIVE AT THE HOTEL, please take your product to the QPMA reception booth. Please provide products for **all three days** of the convention since they will not be refrigerated in the display. If you don't plan to attend the convention, please contact  for the delivery of your products.