

# New Technology Expo Exhibitor Profile

Thank you for participating in New Technology Expo. In order to get to know our exhibitors better, and answer questions for attendees, we would like you to complete this questionnaire.

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Company name \_\_\_\_\_

Contact name (first & last) \_\_\_\_\_

Street Address (no P.O. Box please) \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

Name of the Owner, or principle of company & Title \_\_\_\_\_

In what year and month was the company established? \_\_\_\_\_

Tax ID # \_\_\_\_\_ Resale # \_\_\_\_\_

What kinds of products and/or services will your company offer at the show? \_\_\_\_\_

\_\_\_\_\_

Are your products new, used, or refurbished? \_\_\_\_\_

Do you offer refunds and/or exchanges? \_\_\_\_\_ Please explain your return policy: \_\_\_\_\_

Do you charge a restocking fee? \_\_\_\_ If yes, what is the fee? \_\_\_\_ What is the time limit for returning merchandise? \_\_\_\_\_

If you are a current exhibitor, and the company name has changed in the last year, please list the previous name and date the name change became effective.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Will you be honoring returns under your previous name? \_\_\_\_\_

What forms of payment do you accept? \_\_\_\_\_ Discount for cash payments? \_\_\_\_\_

Thank you for taking the time to fill out the New Technology Expo exhibitor profile form. We appreciate your business. Please fax or mail to: West Coast Expos, Inc. - Fax (408) 465-2700 Phone (408) 465-2300

Mailing Address: 195 San Pedro Ave., Suite A, Morgan Hill, CA. 95037 or to, Email: [nancy@westcoastexpos.com](mailto:nancy@westcoastexpos.com)