



**EXHIBITOR DESIGNATED CONTRACTOR(EDC)**  
**PERSONNEL REGISTRATION FORM**

(To be completed and submitted by the EDC by April 11,2008)

EDC Company Name: \_\_\_\_\_

EDC Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Client Company Name(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDC On-site Supervisor: \_\_\_\_\_

EDC I &D Personnel: (Please print clearly or type)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Return by fax to: AATS (978) 524-0498**