



EXHIBITOR DESIGNATED CONTRACTOR(EDC)
PERSONNEL REGISTRATION FORM

(To be completed and submitted by the EDC by April 9, 2010)

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**