



EXHIBITOR DESIGNATED CONTRACTOR(EDC)
PERSONNEL REGISTRATION FORM

(To be completed and submitted by the EDC by March 28, 2011)

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 or email to: Jennifer Gecawicz jgecawicz@prri.com or (978) 524-0498