

2ND ANNUAL NE ARA SHOW

Attendee Registration Form

By Phone 401.822.3030

By Fax 401.828.8488

By Email mstrom@coresupply.com

COMPANY NAME _____

ATTENDEE NAME _____

ATTENDEE NAME _____

ADDRESS _____

Make Payments to:

CITY/STATE/ZIP _____

NE ARA

PHONE _____

c/o 1650 Flat River Road

EMAIL _____

Coventry, RI 02816

WEB ADDRESS _____

Show Schedule

8a-9a	Registration Continental Breakfast
9a-noon	Meet the Exhibitors
12noon-1p.m.	Lunch
1p-2p	Seminar
2p-5p	Tme with Vendors

Attendee Pricing Informtion

Pricing: First 2 Attendees \$35 per person. Each additional attendee is \$25 per person

Tickets are \$45 day of event

Payment Information

Please charge my VISA # _____

Mastercard # _____

Exp. Date and 3 digit Security Code _____

CHECK PAYMENT Make payable to NE ARA