

bakery showcase 2010

LEAD SERVICE ORDER FORM

PLEASE TYPE OR PRINT CLEARLY

EXHIBITING COMPANY: _____

CONTACT: _____ **BOOTH NO.:** _____

ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **POSTAL/ZIP:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

EARLY BIRD DEADLINE MAY 4, 2010

All packages make use of the hand held bar code reader. No electricity is required. Each package entitles the use of the customized bar coded Exhibitor Lead Menu (please complete and return page 2). The varied packages listed below explain how your companies leads will be returned. Your choices with pricing are as listed below. Unit(s) may be kept for the duration of the Show, or returned nightly for overnight download.

Number of units ordered	Package Type	Method in which leads will be returned to your company	5% GST is included		Total for units ordered
			Pricing prior to May 4, 2010	Pricing on/ after May 4, 2010	
x	SILVER	Leads collected are processed and returned as a printout	\$ 152.25	\$ 194.25	_____
x	GOLD	Leads collected are processed and returned in an Excel file, to arrive via email the day following the show.	\$ 173.25	\$ 204.75	_____

Kindly provide business card to ensure prompt arrival via email

TOTAL _____

7.5% q.s.t. WILL AUTOMATICALLY BE ADDED FOR QUÉBEC BASED COMPANIES

INTER-REG REGISTRATION INC.
 380 DU COLIBRI
 ROSEMÈRE, QUÉBEC
 J7A 4J7

PHONE: **450-621-0408**

FAX: **450-621-0821**

PAYMENT INFORMATION: Orders received without payment will **NOT** be processed
ACCEPTED MODES OF PAYMENT: Cheque Visa Master Card Amex

Credit Card Number _____

Expiry Date _____
(mm) (yyyy)

Cardholders Name _____

Cardholders Signature _____

NOTE: CREDIT CARDS WILL BE BILLED AS INTER-REG

Lead package(s) will be available for pick up on the last day of move-in as well as 2 hours prior to the opening of the Show. Packages must be picked up, as they will NOT be delivered. Units not picked up and/or refund requests received within 72 hours of Show dates, are NOT eligible for refunds. Inter-REG assumes no responsibility for lost or incomplete information.

EXHIBITOR LEAD MENU

TYPE OR PRINT CLEARLY

MAXIMUM 25

A

LIST YOUR
PRODUCTS AND/OR SERVICES
THAT MAY BE OF INTEREST TO EACH CLIENT

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____

19 _____

20 _____

21 _____

22 _____

23 _____

24 _____

25 _____

MAXIMUM 5

B

REFERENCE EACH LEAD
LIST THE SALESPERSON, DEPARTMENT
OR TERRITORY, ETC. THAT THEN MAY
BE ASSOCIATED TO EACH CLIENT.

1 _____

2 _____

3 _____

4 _____

5 _____

MAXIMUM 9 **C**

FOLLOW UP ACTION

CHECK BOX FOR STANDARD ACTION AS
BELOW OR CUSTOMIZE YOUR OWN

PHONE CALL

FAX INFORMATION

EMAIL INFORMATION

SALES VISIT

DEMONSTRATION

SEND PRICE LIST

ADD TO MAILING LIST

QUOTATION

HOT LEAD

MAXIMUM 6 **D**

TIME FRAME FOR FOLLOW UP

CHECK BOX FOR STANDARD ACTION AS
BELOW OR LIST CUSTOMIZE YOUR OWN

DAY AFTER SHOW

END OF THIS WEEK

NEXT WEEK

IN 2 WEEKS

IN 1 MONTH

IN 3 MONTHS

IN 6 MONTHS

NEXT YEAR
