



**MILCOM2003**

**ON-SITE CONTACT  
INFORMATION**

In the event that we need to contact someone from your company during MILCOM we are requesting that you fill out and send us the following information.

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

Contact Person at Event: \_\_\_\_\_

Hotel: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone       Pager       Office       Other \_\_\_\_\_

Contact at Office in the event that the above person is unreachable:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

MILCOM Exposition Management  
C/o J. Spargo & Associates, Inc.  
11212 Waples Mill Rd., Suite 104  
Fairfax, VA 22030

OR

**Fax:** 703.679.3938

**Attn:** MILCOM Exposition Management

**Deadline:** September 15, 2003

***NO COVER SHEET NECESSARY!***