



## ON-SITE CONTACT INFORMATION

In the event that we need to contact someone from your company during MILCOM 2006 we are requesting that you fill out and send us the following information: (This information is for emergency use only and is kept confidential)

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 2006 Exposition Management  
C/o J. Spargo & Associates, Inc.  
11208 Waples Mill Rd., Suite 112  
Fairfax, VA 22030  
OR

**Fax:** 703-654-6931

**Attn:** MILCOM 2006 Exposition Management

**Deadline:** Friday, October 13, 2006

***NO COVER SHEET NECESSARY!***