

Exhibitor Lead Menu (Optional)

Exhibitor: _____

Booth: _____

REFERENCES: (MAXIMUM 8)

Ex. Sales Reps, Territories, Divisions, etc.

1		5	
2		6	
3		7	
4		8	

PRODUCTS AND SERVICE:

1		14	
2		15	
3		16	
4		17	
5		18	
6		19	
7		20	
8		21	
9		22	
10		23	
11		24	
12		25	
13		26	

FOLLOW UPS: (MAXIMUM 8)

<input type="checkbox"/>	1. PHONE CALL		OTHER
<input type="checkbox"/>	2. SALES VISIT	<input type="checkbox"/>	
<input type="checkbox"/>	3. DEMONSTRATION	<input type="checkbox"/>	
<input type="checkbox"/>	4. QUOTATION	<input type="checkbox"/>	
<input type="checkbox"/>	5. SEND LITERATURE	<input type="checkbox"/>	
<input type="checkbox"/>	6. HOT LEAD (URGENT)	<input type="checkbox"/>	
<input type="checkbox"/>	7. SEE NOTES	<input type="checkbox"/>	
<input type="checkbox"/>	8. READY TO PURCHASE	<input type="checkbox"/>	
<input type="checkbox"/>	9. MAKES PURCHASING DEC.	<input type="checkbox"/>	
<input type="checkbox"/>	10. ORDER PLACED AT SHOW	<input type="checkbox"/>	

Lead Menu included when ordered before event date. If added onsite, \$100 additional charge may apply.