



221 S. 4th St, Louisville, KY 40202



Customer Information Form

Event Name: _____

Booth or Room Number: _____

Company Name: _____

Onsite Contact Name: _____

Cell Phone: _____ Email: _____

Requested Delivery Date: _____ Time: _____

Exhibitor Move-In Date: _____ Time: _____

Requested Pick-up Date: _____ Time: _____

Exhibitor Move-out Date: _____ Time: _____

Booth Size: _____

Booth Notes: _____

Billing Information

Billing Company Name: _____

Billing Contact: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Billing Email: _____ Billing Phone: _____

Preferred manner to receive invoices: Email Mail Fax

Please complete and submit to KICC@prestigeav.com