

Virtual CISCA Ceiling Product Showcase



Part of the *Virtual*
CISCA FALL CONFERENCE 2020
October 28-30, 2020
[Cisca.org/fallconf2020](https://cisca.org/fallconf2020)

Our popular Ceiling Product Showcase goes virtual this year.

The CISCA Fall Conference is attended by influential decision makers in their respective organizations. Contractors, Distributors, Independent Reps and Manufacturers will log in and attend the virtual event this year.

Sign up to reserve a ten-minute time slot during the conference for a live demonstration of your product.

We will provide contact information for attendees. You can opt to send your attendees product samples or materials for an interactive product event!

Registration is limited to CISCA members.

To register, go to cisca.org/fallconf2020, contact CISCA at 630-584-1919 or email Cisca@cisca.org, or complete the sign-up sheet (next page). Registration is due by **Friday, October 2, 2020**. Early registration is requested.

Note - Multiple time slots: This event is intended to showcase products from as many CISCA manufacturers as are interested in participating. We are giving priority to individual company sign ups. If you would like to be considered for a second time slot in case of availability, please check that option on the signup sheet.

Fee for 10-minute showcase time slot: \$300.



Virtual Showcase Signup Sheet

Return via: email- Cisca@cisca.org, fax -866-560-8537,
mail - CISCA, 1010 Jorie Blvd, Suite 30, Oak Brook, IL 60523

EXHIBITOR INFORMATION:

Name (First, Last)	Email:	
Company Name:	Phone: Office	Mobile
Name and email of presenter, if different from person listed above		
Address		
City, State, ZIP		
Desired day (all times are afternoon): <input type="checkbox"/> Wednesday 10/28 <input type="checkbox"/> Thursday 10/29 <input type="checkbox"/> Friday 10/31 • Would you like to be notified if there is availability for a second time slot for your company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please briefly (less than 40 words) provide information on your company for promotional purposes.		

PAYMENT INFORMATION: Check is enclosed Credit Card Payment **COST: \$300 per session**

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Credit Card Number	
Cardholder Name:	Exp. Date	Security Code
Billing Address		
City, State, ZIP		
Total Amount Paid:		
Cardholder Signature:		

Registration is due by October 2, 2020

No refunds will be issued.

Questions? Contact Liz Cross at 630-313-6340