

DEADLINE: May 11, 2007

SEMINAR INFORMATION

Seminar Title (English): _____

Seminar Title (Spanish): _____

Presenter Name and Title: _____

Seminar Description (English): _____

Seminar Description (Spanish): _____

Seminar Date: _____ Time: _____

Number of People: _____ Audio/Visual Services: Yes ☐ No ☐

EXHIBITING COMPANY INFORMATION

Company Name: _____

Contact Name: _____ Booth No. _____

Address: _____

City: _____ State/Prov: _____ Postal _____

Phone: _____ Fax: _____

Email: (_____) *please print clearly as information is sent by email*

Authorized Signature: _____

Return by May 11, 2007 to:

PAACE Automechanika Mexico
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Orland Park, IL 60467

Questions about the Seminar Program?
Please contact Show Management at:

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Fax: 708.226.1310
Email: info@wtglasgow.com