



## 2024 EXHIBITOR AGREEMENT FORM

Name:

Company Name:

Company Address:

Email:

Phone Number:

I, \_\_\_\_\_, verify that I am authorized to act on behalf of the exhibitor company. I confirm that I have read and understand the policies as described in the EXHIBITOR GUIDE AND AGREEMENT and agree to abide by them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE:** Please print the completed form and email it to [info@diac.ca](mailto:info@diac.ca) to complete your booth space registration.