



COMPANY NAME:	
SHOWROOM #:	Pick-up product in showroom
TEMPORARY EXHIBITOR #: _	
DO NOT SHIP	P THIS PRODUCT BACK.
	FALL CASUAL MARKET ATLANTA IN ORAGE UNTIL WE ARRIVE FOR SET UP.
DESIGN EXCELLENCE CATEG	ORY:
NAME OF PRODUCT:	
CONTACT PERSON:	
PHONE:	
EMAIL:	

Please submit one copy with your entry. Attach second copy to product.