

CAPOW! Information Form

School/Group: _____

Location of show: _____

Show Date: _____

Show Time: _____

Contact Person: _____

Phone Number: _____

Contact Email: _____

Billing Address: _____

Would you like the invoice mailed or emailed?

Please enclose a map illustrating your facility locations and an area where CAPOW! can unload and park. Also, please print the name of the person to contact upon arrival.

Reminder: Two 5-foot tables need to be set up before CAPOW! arrives. CAPOW! demonstrations require one hour of set up time.

Office Use Only

Show Fee:

Demonstrator:

Invoice Sent:

COI Issued:

Payment Received:

Payment Type: