

## 2010 North American International Auto Show Floor Space Application

COMPANY NAME AND ADDRESS		CONTACT INFORMATION	
Company:		Name:	
Address 1:		Title:	
Address 2:		Email:	
City:	State:	Phone:	
Postal Code:	Country:	Cell:	
		Fax:	
PRODUCT SPECIFICATIONS			
<b>Vehicles (model names) interested in exhibiting</b>			
<b>Define vehicle classification (i.e., SUV, car, truck)</b>			
<b>Annual production</b>			
<b>Licensed automotive manufacturer</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Do models meet US safety and emissions criteria</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Service program</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Warranty program</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Are the vehicles street legal</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
DISTRIBUTION NETWORK			
<b>Dealer network</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Alliance/partnership with other manufacturer</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
SPACE REQUEST			
<b>Square feet request</b>			
PRESS EVENT REQUEST			
<b>Worldwide introduction-concept vehicle</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>North American introduction-concept vehicle</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Worldwide introduction-production vehicle</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>North American introduction-production vehicle</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
EXHIBIT MANAGER	PUBLIC RELATIONS CONTACT	EXHIBIT HOUSE (IF AVAILABLE)	
Name:	Name:	Company:	
Title:	Title:	Name:	
Email:	Email:	Title:	
Phone:	Phone:	Email:	
Cell:	Cell:	Phone:	
Fax:	Fax:	Cell:	
		Fax:	
ADDITIONAL INFORMATION			