



EXHIBIT DIRECTORY LISTING FORM

SAFETY 2008 • JUNE 9–11, 2008

DEADLINE: APRIL 4, 2008

The following information will be included in your listing in the Directory of Exhibits. Information must be received by Hall-Erickson, Inc. by **Friday, April 4, 2008**. Inclusion of any copy received after APRIL 4 is subject to printer's deadline.

COMPANY INFORMATION:

FIRM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ BOOTH NO: _____

WEB SITE: _____

The company name, address, phone number, fax number and website shown above will be printed in the Directory. Exhibitors are listed alphabetically by company name. **Please indicate under which letter of the alphabet you wish your company name to appear** _____.

SUBMITTED BY: _____

PRODUCT/SERVICE DESCRIPTION:

Please list below (this paragraph will follow your alphabetic listing in the Directory) the products and/or services you will be exhibiting. **Keep your listing brief**—25 words or less—since it is intended only to let buyers know what you will be promoting. Advertising copy will not be accepted! Hall-Erickson, Inc. has the right to edit copy. **Please type or use a separate sheet of your letterhead or email to pmcquality@heiexpo.com.**

Exhibitors will also be listed in a cross reference section, by product category. From the list of categories printed on the reverse side of this form, select the categories which best describe the products/services to be exhibited. Indicate those categories below—**limited to four per company**.

1. _____ 3. _____

2. _____ 4. _____

RETURN THIS FORM TO:

HALL-ERICKSON, INC.
 98 E. Naperville Road, Suite 201
 Westmont, IL 60559-1559
 Telephone: (630) 929-7932
 Fax: (630) 929-8932
 Email: pmcquality@heiexpo.com

(For Office Use)

PRODUCT CATEGORIES

Each exhibiting company's name will be listed alphabetically in the Directory of Exhibits. In order for a company's name to be printed under various product categories, please follow these directions.

Select the categories listed below which best describe what you will exhibit. Indicate these in the spaces provided on the front of this form.

In the directory we can only list those categories included in the list.

Alarms & Signaling Devices	Employee Assistance Programs (EAP)	Hearing Protection
Audible & Visual Signaling Devices	Employee Rehabilitation Services	Incentives, Award Plans
Automobile Safety & Seat Belts	Ergonomics	Industrial Hygiene
Biological Detection	Eye and Face Protection	Overhead Safety
Cleaning, Maintenance Material and Devices	Fall Protection	Personnel Testing Services
Computer Services	Fire Protection and Security	Plant Operations Equipment
Consulting Services	First Aid	Plant Protection Security
Defibrillators	Floors and Surfaces	Publications
Dermatitis Control Products	Foot and Leg Protection	Regulatory Compliance
Driver Education	Gas Detection	Respiratory Protection
Drug Testing	General Body Protection	Safety Management
Education and Training Aids	Hands & Arm Protection	Services to Professionals
Electrical & Lighting Devices	Hazardous Materials Controls	Traffic Control Devices
Emergency Aids	Head Protection	Vehicle Alarms/Mirrors