REGISTRATION FORM

To register for the 2010 Training Programs, please complete this form and return it and a check made payable to: Entertainment Equipment Corporation.

I want to attend the following Training Program(s):

PROGRAM(s)	DATE(s)	COST
_____	_____	$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL COST	$ _____

NAME _____TITLE_____

COMPANY/THEATRE _____

ADDRESS _____

_____

CITY/STATE _____ ZIP CODE _____

TELEPHONE ( ) _____ FAX ( ) _____

e-MAIL _____

Return to: Entertainment Equipment Corporation, 712 Main Street, Buffalo, NY 14202.