



## MAPS REQUEST FORM

Please attach your business card or complete the following:

CONTACT NAME:

POSITION:

COMPANY NAME:

ADDRESS:

TEL/FAX/EMAIL:

WEB SITE:

BRIEFLY DESCRIBE  
YOUR PRODUCT OR  
SERVICE:

WHAT ARE YOUR  
BUSINESS  
OBJECTIVES IN  
CANADA?

FAX OR MAIL THE  
COMPLETED FORM  
TO YOUR U.S.  
COMMERCIAL  
SERVICE  
REPRESENTATIVE

