



2017 Charlotte Center of Excellence Visitor Request Form

What Dates are you interested in hosting a visit at the Charlotte Center of Excellence?

Customer Company Name: _____

Address: _____

City/State/Zip: _____

Web Address: _____

Names of Attendees:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Manufacturer Rep Firm: _____

Manufacturer Rep Agent Name (hosting customer): _____

Manufacturer Rep Cell Phone: _____

Manufacturer Rep E-mail: _____

Note:

- 1) For Customers: Electrolux will pay for all travel expenses including airfare (Continental US only), hotel accommodations, meals (at Center of Excellence only), and ground transportation (when necessary). Please do not book flights. We will notify you via e-mail confirming receipt of your application and to arrange flights. (Individuals are responsible for incidental charges at the hotel i.e. phone calls, room service, etc.)**
- 2) For Manufacturer Reps: Electrolux will pay hotel accommodations.**

Information for Booking Customer Flights (per individual):

Name (First, Middle, Last): _____

Date of Birth: _____

Cell Phone: _____

E-Mail: _____

Preferred Airport of Departure: _____

Preferred Airline & FF#: _____

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Name (First, Middle, Last): _____

Date of Birth: _____

Cell Phone: _____

E-Mail: _____

Preferred Airport of Departure: _____

Preferred Airline & FF#: _____

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E-Mail: _____

Preferred Airport of Departure: _____

Preferred Airline & FF#: _____

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Please fill out the application and email angelo.grillas@electrolux.com

We look forward to seeing you at an upcoming visit.