

AUTHORIZED PARTNER INFORMATION



Canon Authorized Distributor Project Registration Program

	JTING I	INC.	
Primary/Project Lead Contact:			
Mailing Address: 179 LIBERTY AVE			
City: MINEOLA	State:	NY	Zip: 11501
Contact Phone: 800-634-5178		Contact Email: sales@broadfiel	d.com
DEALER / SYSTEM INTEGRATOR INFORMATIO	ON		
Dealer / System Integrator Name:			
Primary/Project Lead Contact:			
Mailing Address:			
City:	State:		Zip:
Contact Phone:		Contact Email:	
END USER INFORMATION			
End User Name:			
Mailing Address:			
City:	State:		Zip:
Primary Contact:			
Contact Phone:		Contact Email:	
PROJECT INFORMATION			
Project Location (if different from above):			
	State:		Zip:
Project Location (if different from above):	State:	Estimated Delivery Date:	Zip:
Project Location (if different from above): City:		T	Zip: Quantities
Project Location (if different from above): City: Anticipated Award Date:		T	
Project Location (if different from above): City: Anticipated Award Date: Model Name (Main Unit and Key Components)		T	
Project Location (if different from above): City: Anticipated Award Date: Model Name (Main Unit and Key Components)		T	
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Project Location (if different from above): City: Anticipated Award Date: Model Name (Main Unit and Key Components)		T	

General Description of Project (Audiovisual Equipment List, Estimated Project Installation Schedule, etc):				



Email this form to CanonProProjectReg@cusa.canon.com and your Broadfield Sales Rep or to sales@broadfield.com