

CO-LOCATED



Exhibitor Data

Discount Deadline: August 27, 2018 (excludes labor)

October 14–17, 2018 • McCormick Place Chicago, Illinois USA

EACH EXHIBITOR MUST COMPLETE AND RETURN THIS FORM REGARDLESS IF NOTHING IS ORDERED.

REQUIRED FORM

	Exhibiting Company:			
	Exhibiting Company:		Pooth Number	
nformation		E	Booth Number:	
	Billing Address:	Ctata		7:
	City:	State:		Zip:
	Contact Name:		Website:	
	Telephone Number:		Fax Number:	
	Email Address:			
	I consent to allow PACK EXPO Services and parties involved in the production of this show to send facsimiles and email communications to the fax numbers and email addresses listed herein. (Declining to consent will result in you not receiving important show information in a timely manner.) Signature:			
Company				
Contact		Name: Title:		
nformation				
	City:	State:		Zip:
	Telephone Number:		Fax Number:	
	Email Address:		Cell Number:	
	On-Site			
	On-Site Contact Name:		Title:	
			Title:	
	Contact Name:	State:	Title:	Zip:
	Contact Name: Street Address:	State:	Title:	Zip:
	Contact Name: Street Address: City:	State:		Zip:
	Contact Name: Street Address: City: Telephone Number:	State:	Fax Number:	Zip:

Booth Dimensions: _____ x ____ = ____Total Square Feet