



October 14-17, 2018 • Chicago, Illinois USA

# Affiliated Company(ies) Listing Order Form

**Deadline: August 10, 2018**

**There is a U.S. \$750.00 charge for each additional listing requested for affiliated\* companies. (See sample scenario below.)**

## Affiliated Company(ies) Listings

### Exhibitors with Affiliated\* Company(ies) requesting Multiple Show Listings:

Booth occupants would be listed as separate entities in the same booth location. The rate for this listing would be U.S. \$750.00. \*Affiliated companies are defined as two or more companies that are legally related entities, e.g. a parent and a subsidiary, subsidiaries of the same parent, a corporation and a division. Affiliated companies do not receive priority points for participating in the show.



**Affiliated Company(ies) Listing forms will not be processed without payment.  
 NOTE: Affiliated Company(ies) are not entitled to a booth sign.**

**Primary Company**  
*The undersigned represents that he/she is authorized to sign on behalf of the Affiliated Company(ies) and agrees that the Affiliated Company(ies) is subject to the PACK EXPO/Healthcare Packaging EXPO Rules and Regulations.*

Primary Exhibitor Company \_\_\_\_\_  
 Name/Contact \_\_\_\_\_  
 Title \_\_\_\_\_  
 Booth Number \_\_\_\_\_  
 Signature \_\_\_\_\_

**# of additional listings at \$750.00 each**  
**METHOD OF PAYMENT (Check One):**

Total Payment Amount \$ \_\_\_\_\_

Check or money order payable to PMMI must be in \$US drawn on U.S. Bank only.  
 VISA     MasterCard     AMEX     DISCOVER

Credit card number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Cardholder name \_\_\_\_\_

**Affiliated Company Information**

Affiliated Company \_\_\_\_\_  
 Name/Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_ Web \_\_\_\_\_

**Once you submit the affiliated company(ies) listing order form with full payment you will receive a password to enter the product information for each company online.**

Please submit form to expo@pmmi.org or to our secure fax line, 571-222-1163.

### Affiliated Company Information

Affiliated Company

Name/Contact

Address

City

State

Zip/Postal Code

Country

Phone

Fax

Email

Web

### Affiliated Company Information

Affiliated Company

Name/Contact

Address

City

State

Zip/Postal Code

Country

Phone

Fax

Email

Web

### Affiliated Company Information

Affiliated Company

Name/Contact

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City

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