

September 23–25, 2019 • Las Vegas Convention Center Las Vegas, Nevada USA

Affiliated Company(ies) Listing Order Form

Deadline: July 15, 2019

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.



XYZ shrink packaging systems, tabletop and console, manual through semi-automatic; XYZ Bagging systems, Rollbag and wicket, manual through fully automatic.

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

Primary C The undersigned r	ompany epresents that he/she is	authorized to sign	on behalf of the Affiliate
	l agrees that the Affiliate Packaging EXPO Rules		subject to the PACK
Primary Exhibito	r Company		
Name/Contact			
Title			
Booth Number			
Signature			
Signature # of	additional listings	t \$750 00 each	
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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.

Affiliated Company Name/Contact Address Address City Affiliated Company Tompany Name/Contact Toty	Affiliated Company Information	Affiliated Company Information
Address Address	Affiliated Company	Affiliated Company
	Name/Contact	Name/Contact
City City	Address	Address
	City	City
State Zip/Postal Code State Zip/Postal Code	State Zip/Postal Code	State Zip/Postal Code
Country	Country	Country
Phone Fax Phone Fax	Phone Fax	Phone Fax
Email Web Email Web	Email Web	Email Web

Affiliated Company Information		
Affiliated Company		
Name/Contact		
Address		
City		
State	Zip/Postal Code	
Country		
Phone	Fax	
Emal	Web	

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

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