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March 3-5, 2020
 Pennsylvania Convention Center
 Philadelphia, PA USA

Exhibitor Data

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

REQUIRED FORM

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

Company Information

Exhibiting Company: _____
 Contact Name: _____ Booth Number: _____
 Billing Address: _____
 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 Information

Pre-Show

Contact Name: _____ Title: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ Fax Number: _____
 Email Address: _____ Cell Number: _____

On-Site

Contact Name: _____ Title: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ Fax Number: _____
 Email Address: _____ Cell Number: _____
 Contact Hotel: _____
 Date of Arrival: _____ Date of Departure: _____

(This representative from your company will be at show site for the duration of the show and must have authorization to endorse and provide payment for all your customer orders.)

Booth Information

Booth Dimensions: _____ x _____ = _____ Total Square Feet