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C O - L O C A T E D



Healthcare<sup>+</sup>  
 PACKAGING  
 EXPO

September 27-29, 2021 • Las Vegas Convention Center

## 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