



**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