



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.



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

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