

001/012/012/02					
COMPANY NAME					For Office Use Only 2015
					GREAT
for the following exhibit spa Stephens Convention Center and agrees to be bound by	ace in the P r, Rosemont the Terms a mation rega	LMA Private Labe , Illinois, Novemb and Conditions of arding this event a	el Trade iber 15-1 of the Tra and futu	alled "Exhibitor") hereby applie Show to be held at the Donald 7, 2015. The undersigned has re- de Show and gives permission to the programs and events by mail as and networks.	es E. ead to
COMPANY INFORMATIO	N				
Address					
Cltv		State		Postal Cryle Cou	untry
Telephone				Fax	
E-Mail				Website	
MEMBER RATE TO EXH	IBIT			SPECIFIC PRODUCTS T	го ве ехнівітер
1 Booth (10'x10')	a :	\$3,000*		Please provide a detailed descri	ption of all products to be exhibited:
2 Booths (20'x10')		54,500 54,500			
3 Booths (30'x10')		6,000			
4 Booths (40'x10')	_	57,500			
4-Unit Island (20'x20')					
6-Unit Island (30'x20')		\$8,000 10,000			
8-Unit Island (40'x20')		12,000			
10-Unit Island (50'x20')		15,000			
12-Unit Island (30'x40')		17,000			
16-Unit Island (40'x40')		21,000			
20-Unit Island (50'x40')	-	25,000			
*Single unit price increases i					
Single unit price increases	D \$5,500 at	ter september 1.			
ASSIGNMENT CLASSIFIC	CATION				
priate classification. If you n placed. Assignment is subje the right to make assignme	nanufacture ct to eligibi nts as exbit	both food and no lity and availabil	non-food	products, check the classification MA will make every effort to both	s described below. Please check appr on in which you would like to be nor exhibitor preferences, but reserve
Assignment Classificat	ion			Special Categ	ories
Food and Beverage	ës			tural/Organics (Food)	Pet Food and Accessories
Home and Health			Fre	esh, Frozen and Refrigerated	Other:
		'			
EXHIBITOR CONTACT					
				to the attention of the following	••
Mailing Address (If different	from abov	re)			
Cltv		State		Poetal Codo Cou	untry
E-Mail					

Application to Exhibit

Please complete listing as you would like it to appear in the Trade Show Program Guide, online directories and other publicat Company Name	MPANY LISTING						
City State Postal Code Country Telephone Fax Website Product Information: If this is the same as "Specific Products to be Exhibited" on previous page, check bere and proceed to the next section. If not, please describe products as they should appear in the Program Guide. PLMA reserves the right to edit listings to fit available space, format and style. Brand names or promotional copy are not accept in product listings. SYMENT INSTRUCTIONS Complete payment information below. Applications will not be processed without full payment. Make checks payable to Private Label Manufacturers Association. If you wish to make payment by bank transfer, please make sure that the bank includes your company name on the transfer to ensure credit for your payment. The bank details are: JPMorgan Chase Bank, N.A., 635 Third Avenue, New York, NY 10017. ABA O'2100021, Account #000716509228961, SWIPT Code: CHASU333. A. Exhibit Space (See Member Rate to Exhibit on previous page. Non-Members add surcharge based on maximum Active Member Dues.) B. For renewing exhibitors becated outside the United States, skip C and D and complete: Total Due below. C. For renewing exhibitors becated outside the United States, consult schedule below and add appropriate surcharge to make dues equivalent to the U.S. membership. Private Label Sales in U.S. Less than US \$3 million US \$10 million US \$10 million US \$10 million US \$10 million US \$2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Please complete listing as yo	ou would like it to appear in t	be Trade Show Pro	ogram Guide, onlin	ne dire	ectories and other	publication
City	Company Name						
E-Mail Website Froduct Information: If this is the same as "Specific Products to be Exhibited" on previous page, check bere and proceed to the next section. If not, please describe products as they should appear in the Program Guide. PLMA reserves the right to edit listings to fit available space, format and style. Brand names or promotional copy are not accept in product listings. XMENT INSTRUCTIONS Complete payment information below. Applications will not be processed without full payment. Make checks payable to Private Label Manifacturer Association. If you wish to make payment by bank transfer, please make sure that the bank includes your company name on the transfer to tensure credit for your payment. The bank details are: pPMorgan chase Bank, N.A., 633 Third Avenue, New York, NY 10017. ABAe 021000021, Account e0007165932289501, SWIFT Code: CHASUS33. A. Exhibit Space (See Member Rate to Exhibit on previous page. Non-Members add surcharge based on maximum Active Member Duex.) B. For renewing exhibitors located outside the United States, skip C and D and complete: Total Due below. C. For renewing exhibitors located outside the United States, consult schedule below and add appropriate surcharge to make dues equivalent to the U.S. membership. Private Label Sales in U.S. Less than US 33 million-US 310 million Between US 33 million-US 310 million US 3 750 Between US 30 million-US 320 million US 3 1,500 D. For all new exhibitors, complete the Membership Form and if your company is located outside the United States, then also consult schedule above and add appropriate surcharge to make dues equivalent to U.S. Membership. Member Dues As Indicated On Membership Form Surcharge for International Council Member Surcharge for International Council Member TOTAL DUE Signature Date: Retain a copy of this Application and Trade Show Terms and Conditions for your records. Pad Dues Pad Dues Active Date Pad Dues Active Date Dues Active Date Dues Active Date Dues Active Date Date The Council Date Dec	Address						
Product Information: If this is the same as "Specific Products to be Exhibited" on previous page, check bere and proceed to the next section. If not, please describe products as they should appear in the Program Guide. PIMA reserves the right to edit listings to fit available space, format and style Brand names or promotional copy are not accept in product listings. **MENT INSTRUCTIONS** Complete payment information below. Applications will not be processed without full payment. Make checks payable to Private Labed Mamifacturers Association. If you wish to make payment by bank transfer, please make sure that the bank includes your company name on the transfer to ensure credit for your payment. The bank deaths are: plmorgan chase Bank, N.A., 633 Third Avenue, New York, NY 10017. ABA# 021000021, Account #00071650325801, SWFFT Code: CHASUS33. A. Exhibit Space (See Member Rate to Exhibit on previous page. Non-Members add surchange based on maximum Active Member Dues.) B. For renewing exhibitors located in the United States, skip C and D and complete: Total Due below. C. For renewing exhibitors located in the United States, consult schedule below and add appropriate surchange to make dues equivalent to the U.S. membership. Private Label Sales in U.S. Between US 30 million-US 310 million Between US 30 million-US 310 million Between US 30 million-US 340 million Between US	City	State	Postal Code	. Co	untry		
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Complete payment information below. Applications will not be processed without full payment. Make checks payable to Private Label Manufacturers Association. If you wish to make payment by bank transfer, please make sure that the bank includes your company name on the transfer to ensure credit for your payment. The bank details are: JPMorgan Chase Bank, N.A., 633 Third Avenue, New York, NY 10017. ABA# 021000021, Account #000716503238501, SWIFT Code: CHASUS33. A. Exhibit Space (See Member Rate to Exhibit on previous page. Non-Members add surcharge based on maximum Active Member Dues.) B. For renewing exhibitors located in the United States, skip C and D and complete Total Due below. C. For renewing exhibitors located outside the United States, consult schedule below and add appropriate surcharge to make dues equivalent to the U.S. membership. Private Label Sales in U.S. Less than US \$3 million Between US\$30 million Between US\$30 million D. For all new exhibitors, complete the Membership Form and if your company is located outside the United States, then also consult schedule above and add appropriate surcharge to make dues equivalent to U.S. Membership. Member Dues As Indicated On Membership Form Surcharge for International Council Member Surcharge for International Co	VMENT INSTRUCTION	NS	ř				
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Signature Date: Retain a copy of this Application and Trade Show Terms and Conditions for your records. (For office tise only)					1000		
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Signature Date:							
Retain a copy of this Application and Trade Show Terms and Conditions for your records. Please sign and return to: Private Label Manufacturers Association 630 Third Avenue New York NY 10017 Accepted by Date Paid Dues Accepted by Date							
Please sign and return to: Private Label Manufacturers Association 630 Third Avenue New York NY 10017 □ Active □ Associate							
Private Label Manufacturers Association Paid			and Condition	your record	1000		
	Private Label Manufacturers	Association			- 1	Paid Due:	s
Telephone: (212) 972-3131 Fax: (212) 983-1382	resepnone: (212) 9/2-3131 1	ax: (212) 985-1382				Surcharge Paid	



Please submit payment form to: Private Label Manufacturers Association 630 Third Avenue, New York, NY 10017

Fax Number: (212) 983-1382

Credit Card Payment Form

COMPANY INFORMATIO	N					
Complete information below Details for these other payre	w if mai	king payment by credit tions are located unde	t card. Payment by company check or Payment Instructions on the Applic	or bank ation t	transfer is also accepted. to Exhibit.	
Company Name:						
E-Mail:						
Person Completing This For	m:		Date:			
MEMBER BOOTH RATE	то Е	XHIBIT				
☐ 1 Booth (10'x10')	60	\$3,000*	☐ 6-Unit Island (30'x20')	60	\$10,000	
☐ 2 Booths (20'x10')	60	\$4,500	☐ 8-Unit Island (40'x20')	60	\$12,000	
☐ 3 Booths (30'x10')	60	\$6,000	☐ 10-Unit Island (50'x20')	60	\$15,000	
☐ 4 Booths (40'x10')	60	\$7,500	☐ 12-Unit Island (30'x40')	60	\$17,000	
☐ 4-Unit Island (20'x20')	60	\$8,000	☐ 16-Unit Island (40'x40')	60	\$21,000	
*Single unit price increases	to \$3,50	0) after September 1.	☐ 20-Unit Island (50'x40')	600	\$25,000	
MEMBERSHIP DUES						
Member Dues as Indicated (on Mem	bership Form: \$				
Surcharge for International (
Other: \$						
CREDIT CARD INFORMA	ATION	AT.	ı			
CREDIT CARD INFORMA	AI IOI					
☐ VIsa ☐ MasterCard		American Express				
Cardholder's Name:			Credit Card Number:			
Expiration Date:		Security Code:	Total Due:			
✓ Signature:			Date:			
I am an authorized user of	this cre dicated	dit card and that I will on this form. I unders	o charge the credit card and Total Du not dispute the charges to my credit tand payment does not constitute my exhibit.	t card;	so long as the transaction	l.

For security purposes, it is not advisable to transmit sensitive data by e-mail or other electronic methods.

(For Office Use Only)
Approval Code