

COMPANY NAME

For Office Use Only 2015

GREAT

The undersigned on behalf of the company above (hereinafter called "Exhibitor") hereby applies for the following exhibit space in the PLMA Private Label Trade Show to be held at the Donald E. Stephens Convention Center, Rosemont, Illinois, November 15-17, 2015. The undersigned has read and agrees to be bound by the Terms and Conditions of the Trade Show and gives permission to PLMA to communicate information regarding this event and future programs and events by mail, telephone, fax, e-mail or other electronic communication services and networks.

COMPANY INFORMATION

Address _____

 City _____ State _____ Postal Code _____ Country _____
 Telephone _____ Fax _____
 E-Mail _____ Website _____

MEMBER RATE TO EXHIBIT

- | | | |
|---|---|----------|
| <input type="checkbox"/> 1 Booth (10'x10') | ⊗ | \$3,000* |
| <input type="checkbox"/> 2 Booths (20'x10') | ⊗ | \$4,500 |
| <input type="checkbox"/> 3 Booths (30'x10') | ⊗ | \$6,000 |
| <input type="checkbox"/> 4 Booths (40'x10') | ⊗ | \$7,500 |
| <input type="checkbox"/> 4-Unit Island (20'x20') | ⊗ | \$8,000 |
| <input type="checkbox"/> 6-Unit Island (30'x20') | ⊗ | \$10,000 |
| <input type="checkbox"/> 8-Unit Island (40'x20') | ⊗ | \$12,000 |
| <input type="checkbox"/> 10-Unit Island (50'x20') | ⊗ | \$15,000 |
| <input type="checkbox"/> 12-Unit Island (30'x40') | ⊗ | \$17,000 |
| <input type="checkbox"/> 16-Unit Island (40'x40') | ⊗ | \$21,000 |
| <input type="checkbox"/> 20-Unit Island (50'x40') | ⊗ | \$25,000 |

*Single unit price increases to \$3,500 after September 1.

SPECIFIC PRODUCTS TO BE EXHIBITED

Please provide a detailed description of all products to be exhibited:

ASSIGNMENT CLASSIFICATION

The show floor is divided into food and non-food halls. There may also be special categories as described below. Please check appropriate classification. If you manufacture both food and non-food products, check the classification in which you would like to be placed. *Assignment is subject to eligibility and availability. PLMA will make every effort to honor exhibitor preferences, but reserves the right to make assignments as exhibit space allows.*

Assignment Classification

- Food and Beverages
 Home and Health

Special Categories

- Natural/Organics (Food) Pet Food and Accessories
 Fresh, Frozen and Refrigerated Other: _____

EXHIBITOR CONTACT

All correspondence regarding the exhibitor should be addressed to the attention of the following:

Name of Contact _____ Title _____
 Mailing Address (If different from above) _____

 City _____ State _____ Postal Code _____ Country _____
 Telephone _____ Fax _____
 E-Mail _____

Application to Exhibit

COMPANY LISTING

Please complete listing as you would like it to appear in the Trade Show Program Guide, online directories and other publications.

Company Name _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Telephone _____ Fax _____

E-Mail _____ Website _____

Product Information: If this is the same as "Specific Products to be Exhibited" on previous page, check here 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 acceptable in product listings.

PAYMENT 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., 633 Third Avenue, New York, NY 10017. ABA# 021000021, Account #000716503238501, SWIFT Code: CHASUS33.

	Amount
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.	
<u>Private Label Sales in U.S.</u>	<u>Add</u>
Less than US \$ 3 million	No Surcharge
Between US \$ 3 million-US \$10 million	US \$ 750
Between US\$10 million-US \$20 million	US \$ 1,500
Between US\$20 million-US \$40 million	US \$ 2,250
More than US\$40 million	US \$ 3,000
D. For all <u>new</u> 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	\$ _____
TOTAL DUE	\$ _____

AUTHORIZATION

Name _____

Job Title _____

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
Telephone: (212) 972-3131 Fax: (212) 983-1382

(For Office Use Only)	
Accepted by _____	Date _____
Paid _____	Dues _____
<input type="checkbox"/> Active	<input type="checkbox"/> Associate
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Surcharge Paid _____	
<input type="checkbox"/> User ID# _____	



Credit Card Payment Form

COMPANY INFORMATION

Complete information below if making payment by credit card. Payment by company check or bank transfer is also accepted. Details for these other payment options are located under Payment Instructions on the Application to Exhibit.

Company Name: _____

E-Mail: _____ Telephone: _____

Person Completing This Form: _____ Date: _____

MEMBER BOOTH RATE TO EXHIBIT

- | | |
|--|--|
| <input type="checkbox"/> 1 Booth (10'x10') @ \$3,000* | <input type="checkbox"/> 6-Unit Island (30'x20') @ \$10,000 |
| <input type="checkbox"/> 2 Booths (20'x10') @ \$4,500 | <input type="checkbox"/> 8-Unit Island (40'x20') @ \$12,000 |
| <input type="checkbox"/> 3 Booths (30'x10') @ \$6,000 | <input type="checkbox"/> 10-Unit Island (50'x20') @ \$15,000 |
| <input type="checkbox"/> 4 Booths (40'x10') @ \$7,500 | <input type="checkbox"/> 12-Unit Island (30'x40') @ \$17,000 |
| <input type="checkbox"/> 4-Unit Island (20'x20') @ \$8,000 | <input type="checkbox"/> 16-Unit Island (40'x40') @ \$21,000 |
| <input type="checkbox"/> 20-Unit Island (50'x40') @ \$25,000 | |

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MEMBERSHIP DUES

Member Dues as Indicated on Membership Form: \$ _____

Surcharge for International Council Member: \$ _____

Other: \$ _____

CREDIT CARD INFORMATION

Visa MasterCard American Express

Cardholder's Name: _____ Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Total Due: _____

Signature: _____ Date: _____

I authorize the Private Label Manufacturers Association to charge the credit card and Total Due as indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the charges to my credit card; so long as the transaction corresponds to the items indicated on this form. I understand payment does not constitute my participation in the PLMA Trade Show without a fully completed and approved Application to Exhibit.

Please submit payment form to:

Private Label Manufacturers Association
630 Third Avenue, New York, NY 10017
Fax Number: (212) 983-1382

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

(For Office Use Only)

Approval Code _____
Batch No. _____
Processed By _____
Date _____