

PMCA Member Booth Reservation Form

Monday, April 20, 2020 • 12:30pm - 5:00pm
Freedom Hall

PMCA Member Company Information

Company Name: _____
(Print name as you wish it to be viewed in all press related materials and on your booth sign)

Company Web Address: _____

Exhibit Contact Information

Exhibit Contact: _____ Telephone: _____

** This person will receive all confirmation materials and receipts.*

Exhibit Contact Email: _____

Press Information

Exhibit Pamphlet Company Description

**Describe your business (maximum of 12 words) as it relates to the confectionery industry.*

Press/Proceedings Company Description

**Describe (short paragraph) what your business will be exhibiting at the 2020 Supplier Show.*

*Descriptions can be submitted by email to Brandy.Kresge@pmca.com.
If you would like to use your description from 2019 please note "use last years description".*

Booth Information

Please choose a booth size and include requested booth spaces below.

10x10 Booth: \$925.00 _____ 10x20 Booth: \$1,150.00 _____ 10x30 Booth: \$1,350.00 _____

Booth # Request 1: _____ Booth # Request 2: _____ Booth # Request 3: _____

PMCA will assign booths on a first come, first serve basis with additional consideration for the length of time the company has been exhibiting. PMCA will make every attempt to honor your requests but cannot guarantee you will receive any of the 3 you pick. If we are unable to assign one of your choices we will contact you for further options.

**A floorplan can be viewed by visiting [Conference Floor Plans](#) online.*

Attendee Information

Your booth reservation comes with 1 complimentary full conference registration and unlimited hall passes for your employees.

You can also register additional attendees anytime online by visiting www.pmca.com/production-conference.

Complimentary Full Conference Registrant

*Access to all technical events, exhibition and including hosted meals

First & Last Name	Title	Email	City, State

Hall Pass Registrants

*Access to Supplier Hall ONLY which includes hosted lunch and cocktail reception after close of show

First & Last Name	Title	Email	City, State

Payment Information

_____ Check made payable to "PMCA" enclosed in U.S. funds drawn on a US or Canadian Bank

_____ Credit Card Payment VISA MasterCard American Express

Card Number: _____ Exp. Date: _____ CVV Code: _____

Booth Cancellations received by **February 17, 2020 will be refunded less \$50.00 cancellation fee. No refunds will be given after **February 17, 2020** and the fees can not be transferred.*

Please return completed form with payment to:

PMCA 2980 Linden Street • Suite E3 • Bethlehem, PA 18017

Fax: (610) 625-4655 Email: Brandy.Kresge@pmca.com

FOR PMCA USE

Date Received: _____

Received By: _____

Date Paid: _____