



**Application to Exhibit
14th International Conference and Exhibition on
Device Packaging
We-Ko-Pa Resort, Fountain Hills, Arizona USA
March 5-8, 2018**

Details online at www.imaps.org/device packaging
Return form: (e) IMAPSHQ@gmail.com or (efax) 919-287-2339

COMPANY IDENTIFICATION Please type or print clearly

Company Name _____
 Business Address _____
 City, State, Zip _____
 Company Website _____

PRIMARY CONTACT IDENTIFICATION

This person will receive all exhibitor related information from IMAPS and the show services contractor, including the exhibitor manual/kit and critical show instructions. It is the responsibility of the primary contact to forward any information received to any and all relevant planning parties within the exhibiting organization. There can be only one primary contact assigned.

Primary Contact Name _____
 Phone _____ Fax _____
 Email _____

BOOTH SIZES AND FEES Please circle or highlight your selection

	Booth Size	Member Rate*	Non-Member Rate*
Early Rate Application submitted on or before October 15, 2017	8'x10'	\$1,600	\$2,300
	8'x20'	\$3,200	\$4,600
Regular Rate Application submitted on or after October 16, 2017	8'x10'	\$1,900	\$2,600
	8'x20'	\$3,800	\$5,200

*The member rate applies to Corporate and Corporate Premier members in active, good standing only. A one-year corporate membership is included in the non-member rate and is activated after purchase of the booth space.

Each standard 8'x10' booth package includes the following:

- One (1) 8'x10' pipe-and-drape booth space
- One (1) 6' draped table
- Two (2) chairs
- One (1) wastebasket
- One (1) full conference badge inclusive of meals and access to technical sessions
- Two (2) booth personnel badges inclusive of meals
- Basic WiFi internet access
- Pre- and post-event attendee lists

Additional badges, electrical services, plumbing, labor, freight, additional furniture and further services not detailed above are not included in the package. More information about vendors, rentals, and other services will be provided in the general contractor service manual (exhibitor kit) in January 2018.

ADDITIONAL SHOW OPPORTUNITIES

Please Contact Me Right Away About:

_____ Sponsorship Opportunities _____ Submitting an Abstract to Complement our Booth
 _____ Charity Golf Participation _____ Golf Hole Sponsorship

FOR IMAPS USE ONLY

Booth Assignment # _____ Total Cost of Booth \$ _____
 Payment Amt \$ _____ Payment Received ____/____/____ Type _____

BOOTH LOCATION

First Choice _____
 Second Choice _____
 Third Choice _____
 I wish to be NEXT to the following companies _____
 I wish to be located AWAY from the following companies _____
 In-Line or Corner Preference? _____

PAYMENT INFORMATION

A 100% payment is due with the submission of the booth application. Please make checks payable to **IMAPS**. Any company with an outstanding balance will not be allowed to set up onsite in Arizona.

___ I have enclosed a check.
 ___ I would like to pay by credit card.

Please charge \$ _____ to my
 AMEX Visa MasterCard Other

Card # _____

Expiration Date _____

Signature _____

AGREEMENT Signature Required

By signing this document your organization agrees to abide by the conditions set forth in the Exhibitor Contract found in the Sponsor and Exhibitor Prospectus for DPC 2018. We further understand that space will be assigned only upon receipt of a completed application and payment of exhibit fees.

Signature _____

Date _____

Return Completed Form and Payment

- ▶ IMAPSHQ@gmail.com
- ▶ eFAX (919) 287-2339
- ▶ PO BOX 110127
 Research Triangle Park, NC
 27709