



**Application to Exhibit
15th International Conference and Exhibition on
Device Packaging
We-Ko-Pa Resort, Fountain Hills, Arizona USA
March 4-7, 2019**

Details online at www.imaps.org/devicepackaging
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 December 1, 2018	8'x10'	\$1,600	\$2,300
	8'x20'	\$3,200	\$4,600
Regular Rate Application submitted on or after December 1, 2018	8'x10'	\$1,900	\$2,600
	8'x20'	\$3,800	\$5,200

Each standard 8'x10' booth packages includes the following amenities:

- One (1) 8'x10' pipe-and-drape booth space
- One (1) 6' draped table, two (2) chairs, and one (1) wastebasket
- Basic WiFi Internet access
- Pre- and post-event attendee lists

Each standard 8'x10' booth package includes the following TWO (2) registrations at no extra charge:

- One (1) full conference badge and one (1) booth personnel badge, both inclusive of meals
- OR
- Two (2) booth personnel badges, both inclusive of meals

All additional badges for booth personnel or the full conference will be an additional charge.

Please note that the venue is already carpeted. Electrical, 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 2019.

ADDITIONAL SHOW OPPORTUNITIES

Please Contact Me Right Away About:

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

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.

If you would like to pay by credit card, you must complete the credit card authorization form on page 2 of this application.

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 2019. 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



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CREDIT CARD AUTHORIZATION FORM

This form MUST be submitted with the DPC 2019 exhibitor application in order to hold your place in the booth selection queue. Payment is due in full with the application.

AUTHORIZATION

I authorize the International Microelectronics Assembly and Packaging Society (IMAPS) to charge my credit card in the amount reflecting the booth selection made on the DPC 2019 Application to Exhibit.

Exhibiting Organization: _____

Primary Contact: _____

Credit Card Visa MasterCard Discover American Express Other

Cardholder's Name: _____

Credit Card Number: _____

Security Code: _____

Expiration Date: _____

Cardholder's Billing Address: _____

Cardholder's Signature: _____

Date: _____

Privacy note:

We are committed to keeping your information safe and secure. IMAPS will not keep this information on file. This page will be destroyed and deleted from communications systems as soon as it has been processed. This authorization only applies to a one-time payment in full for Device Packaging 2019 booth fees due to IMAPS.