

Booth Share Application

2017 Corrugated Week

October 17-18, Rhode Island Convention Center

Providence, RI USA

COMPANY INFORMATION:

Company Name: _____

Company Mailing Address _____

Street Address

City _____ State _____ Zip or Postal Code _____ Country _____

Main Telephone _____ Main Fax _____ Toll Free _____

Website Address: _____

PRIMARY CONTACT: This person will receive all correspondence

Name: _____ Position/Title: _____

Direct Telephone: (____) _____ Direct Fax Number: (____) _____

Cell/Mobile Number: (____) _____ E-Mail Address: _____

BOOTH SHARE INFORMATION: Please identify the booth space you wish to share.

Company Name: _____

Booth Number: _____ Booth Size: _____

Booth Share Fee: \$200 per company sharing. Restricted to 2 companies per 10x10 and 10x20 booths and 3 companies per 20x20 booths.

AGREEMENT SECTION: All applicants **MUST** sign below for application to be processed.

Full payment of total booth share fee must accompany application. Notice of TAPPI's acceptance or rejection will be sent within 30 days of receipt of application. Upon acceptance, this application will become a binding contract between application and TAPPI, unless TAPPI's acceptance notice specifies booth dimensions, location, costs or other terms that vary in whole or in part from those requested by application. If any such variances are specified, applicant will have 10 days from date of TAPPI notice to deliver written notice to TAPPI of withdrawal of application. Failing withdrawal of application, this application will immediately and without further action by either party become a binding contract between them. Applicant further agrees to comply fully with all rules, regulations and directives that may be issued in connection with the exhibit by TAPPI, the facilities management or government authorities. Exhibitor shall be fully responsible to pay for any and all damages to facility property, its owners or managers which result from any act or omission of Exhibitor. Exhibitor agrees to defend, indemnify, and hold harmless, the event facility, its owners, managers, officers or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from Exhibitor's use of the property. Exhibitor's liability shall include all losses, costs, damages, or expenses arising from, out of, or by reason of any accident or bodily injury or other occurrences to any person or persons, including the Exhibitor, its agents, employees, and business invitees which arise from or out of the Exhibitor's occupancy and use of the exhibition premises, the event facility or any part thereof. Cancellation penalties and downsizing fees will result in non-refundable fees due based on the annual payment dates.

Applicant's Signature _____ Date _____

Print Name _____

PAYMENT METHOD:

Please select one

Booth Share Fee: \$200.00

Check or Money Order

Make payable to TAPPI and mail along with your completed contract to:

TAPPI - 15 Technology Pkwy S, Suite 115, Peachtree Corners, GA 30092 USA

Credit Card (circle one) Visa MasterCard American Express

Credit Card # _____ Exp. Date: _____ Signature: _____

Name on Card: _____

Fax completed forms to: +1-914-944-0377

For more information, contact:

Linda Cohen, Exhibit Sales

Phone: +1-914-944-0135 or lcohen@tappi.org