

Charlotte Convention Center, Charlotte, NC, USA

COMPANY INFORMATION					
Company Name:					
Company Mailing Address					
	Street Address				
City	State	Zip or Pos	stal Code	Country	
Main Telephone		т	oll Free		
Website Address:					
PRIMARY CONTACT (This person w	ill receive all correspondence.)				
Name:	Position/Tit	tle:			
	Telephone: () Direct Fax Number: ()				
	ll/Mobile Number: () E-Mail Address:				
BOOTH SHARE INFORMATION	(Please identify the booth space you w	ish to share.*)			
Company Name:					
	Booth Size:				
*Booth Share Fee: \$150 per company sharing. Restricted to 2 companies per 10x10 booth and 3 companies per 10x20 booths.					
Full payment of total booth share fee must at application. Upon acceptance, this application booth dimensions, location, costs or other term applicant will have 10 days from date of TAPPI application will immediately and without further with all rules, regulations and directives that mexhibitor shall be fully responsible to pay for of Exhibitor. Exhibitor agrees to defend, indem subsidiaries and affiliates, from any damages of damages, or expenses arising from, out of, or Exhibitor, its agents, employees, and business facility or any part thereof. Cancellation penaltic applicant's Signature Print Name	will become a binding contract between a ms that vary in whole or in part from thos notice to deliver written notice to TAPPI of er action by either party become a binding ay be issued in connection with the exhibit any and all damages to facility propertunify, and hold harmless, the event facility, or charges resulting from Exhibitor's use o by reason of any accident or bodily injurinvitees which arise from or out of the Exhes and downsizing fees will result in non-re-	pplication and TAPI se requested by app withdrawal of appl contract between to properly the facility, its owners or ma, its owners, manage of the property. Exh y or other occurrer libitor's occupancy aroundable fees due between the properly aroundable fees due to properly aroundable fee	PI, unless TAPPI's acciplication. If any such ication. Failing withdrawers and person of gers, officers or direct ibitor's liability shall nees to any person o and use of the exhibit	eptance notice specifies variances are specified awal of application, this er agrees to comply fully government authorities rom any act or omission ors, agents, employees include all losses, costs or persons, including the tion premises, the event	
PAYMENT METHOD (Please select	one.)	Г	Booth Share F	ee: \$250.00	
□ Check or Money Order Make payable to TAPPI and mail along	with your completed contract to: TAPF	PI, 15 Technology			
□ Credit Card (circle one) Visa Master	Card American Express				
Credit Card #:	Exp. Date:	Signature:			
Name on Card:					

Fax completed forms to: +1-703-934-4899 Mail payments to: TAPPI, 15 Technology Pkwy S, Peachtree Corners, GA 30092