



Fresh Summit Associated Company Notification Form

Use this form to submit associated company names that you wish to appear on booth personnel badges, in the Fresh Summit Directory and in the Virtual Trade Show (VTS). This form must be completed by the authorized booth sales contact.

The following guidelines apply:

- Each exhibiting company is permitted one listing per 100 sq. ft. of space rented. For example, those with 300 sq. ft. of booth space may submit (2) associated company names in addition to the company name submitted on the booth sales application.
- Your company is eligible to submit associated company names if: you represent a state department of agriculture, or a domestic or global promotional organization that will have other fruit, vegetable, or floral related organizations exhibiting in your booth or you will have divisions, subsidiaries or affiliated brands exhibiting in your booth.
- You are responsible for: informing associated companies that you are including them in your booth, communicating all show rules to associated companies, registering all booth personnel and updating the directory listing for each associated company. PMA shall have no direct contact with associated companies.

Please complete the section below for EACH associated company exhibiting in your booth. Please make copies of this form if you need additional space. This form is not intended to register booth personnel badges. Booth personnel may be registered online in the VTS beginning in June. In order for associated companies to be listed in the printed 2009 directory distributed onsite this form must be returned to PMA by July 8.

Exhibiting Company Name _____

For PMA Use:

Exhibitor ID # _____

Associated Company 1

Booth Number

Company

Address

City State/Province

ZIP/Postal Code Country

Telephone Facsimile

Email

Web Site

For PMA Use: Date _____ Company ID# _____
 Order# _____ Rec'd by _____ Proofed by _____

Associated Company 2

Booth Number

Company

Address

City State/Province

ZIP/Postal Code Country

Telephone Facsimile

Email

Web Site

For PMA Use: Date _____ Company ID# _____
 Order# _____ Rec'd by _____ Proofed by _____

I authorize the above companies to be a part of our booth at the 2009 Fresh Summit Exposition: Signature _____ Date _____

Please return your completed form and any accompanying information to the PMA Solution Center:

By Mail: P.O. Box 6036, Newark, DE 19714-6036 USA

By Fax: +1 (302) 738-6685

Questions? Please call the PMA Solution Center at +1 (302) 738-7100.



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