

# IGAS2018 Exhibitor Application

Date	
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【Deadline】 Early application discount : November 2, 2017  
 Ordinary application discount: December 22, 2017

## TO : Japan Printing Machinery Association / IGAS Office

We hereby apply for exhibit space at IGAS2018. We agree and accept the Terms of Application and relevant rules and regulations issued by the organaizer, JPMA.

Furthermore, we will accept the space allocation decided by the organaizer, and even if the case that it is different from our expectation, we will not cancel or reduce the applied exhibit space.

### Signature of the company executive :

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Company Name			
Address			
Country			
Requested Booth	(        ) units	Shape	Width (        ) Depth (        )
Any co-exhibitors?	<input type="checkbox"/> None <input type="checkbox"/> Yes    (※Details of the co-exhibitor are to be attached by the separate form.)		
Product Categories	<input type="checkbox"/> Prepress/Cross-media <input type="checkbox"/> Printing press <input type="checkbox"/> Bookbinding/Post-press <input type="checkbox"/> Packaging/Converting <input type="checkbox"/> Other print related products <input type="checkbox"/> Others (        )		
Participation Fee	① Deposit	JPY	=JPY26,000 per unit
	② Co-Exhibitor Fee	JPY	=JPY54,000 per Co-Exhibitor
	③ Total Amount	JPY	=①+②

Contact Person of your company	Name	Mr. / Ms.	
	Title		
	Division		
Address	※Fill in if the address is different from the above		
TEL		FAX	
E-mail			

Please fill in if you have an agent or a representative in Japan.

Company Name			
Contact Person	Name	Mr. / Ms.	
	Division		
	Title		
TEL		FAX	
E-mail			

# IGAS2018 Co-Exhibitor Application

Date	
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【Deadline】 Early application discount : November 2, 2017  
 Ordinary application discount: December 22, 2017

Company Name of Principal Exhibitor	
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Company Name of Co-Exhibitor	
Address	
Country	
Product Categories	<input type="checkbox"/> Prepress/Cross-media <input type="checkbox"/> Printing press <input type="checkbox"/> Bookbinding/Post-press <input type="checkbox"/> Packaging/Converting <input type="checkbox"/> Other print related products <input type="checkbox"/> Others (                    )

Contact Person of Co-Exhibitor	Name	Mr. / Ms.	
	Title		
	Division		
TEL		FAX	
E-mail			

*※Please copy and submit this form, if you have several co-exhibitors to apply.*