

**Notification of Intent to use
EXHIBITOR APPOINTED
CONTRACTOR**

Please return form to:

DEADLINE DATE

NAME OF SHOW: _____

COMPANY NAME: _____ BOOTH #: _____

ADDRESS: _____
STREET CITY STATE ZIP

ORDERED BY: _____ DATE: _____

PHONE#: _____ FAX: _____ EMAIL: _____

If your company plans to use a firm who is not an official service contractor as designated by Show Management, please complete this form and send to the contacts listed above.

Company Name: _____ Booth No.: _____

Contact at Show: _____

Exhibitor Appointed Contractor: _____

Address of Contractor:

_____ STREET CITY STATE ZIP

Type of Service to be Performed: _____

Inform your **Exhibitor Appointed Contractor** that they **MUST** send a copy of their General Liability Insurance Certificate no later than _____ or they will not be permitted to service your exhibit.

It is the responsibility of the exhibitor to see that each representative of an Exhibitor Appointed Contractor abides by the official rules and regulations of this event.

This form must be received by _____

NOTIFICATION OF INTENT TO USE EAC