

Notification of Intent to use  
EXHIBITOR APPOINTED  
CONTRACTOR / I&D

Please return form to:

DEADLINE DATE

NAME OF SHOW: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

BOOTH #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP

ORDERED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE#: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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 and I&D abides by the official rules and regulations of this event.

This form must be received by \_\_\_\_\_.

NOTIFICATION OF INTENT to use EAC