



HEALTHCARE FACILITIES

symposium and expo

EXHIBITOR APPOINTED CONTRACTOR (EAC) APPROVAL REQUEST

Deadline: **August 18, 2017**

Return to: Lou Mancini
FAX: 203-371-8894 Email: lou@jdevents.com

Exhibitor Information:

Company Name: _____ Booth # _____

Street Address: _____

City, State: _____ Zip: _____

Telephone: (_____) _____ FAX:(_____) _____

Date: _____

Name of Company Representative: _____

Signature of Company Representative: _____

I certify that I have authorized the EAC named below to install and dismantle my exhibit. Knowing that the EAC is my official representative, I further certify that he will adhere to all Show, facility, and union rules and regulations, just as if he were my own employee. **I WILL INFORM THE EAC THAT HE IS REQUIRED TO PROVIDE JD Events, SHOW MANAGEMENT, WITH A CERTIFICATE OF LIABILITY INSURANCE (minimum liability coverage: \$1,000,000.00) BY NO LATER THAN 30 DAYS PRIOR TO THE SHOW DATE (August 18, 2016).** I understand that my organization is ultimately responsible for the actions of this contractor while he works on this assignment.

The EAC may not solicit or accept new business on the Show floor.

EXHIBITOR APPOINTED CONTRACTOR (EAC) INFORMATION:

Company Name: _____

Street Address: _____

City, State, Zip: _____

Show Contact Name: _____

Telephone: (_____) _____ FAX:(_____) _____