



April 14-15, 2010  
Mandalay Bay Convention Center-Bayside Hall B

**EXHIBITOR APPOINTED CONTRACTOR (EAC) APPROVAL REQUEST**

Deadline: **Friday March 12, 2010**

Return to: Lou Mancini  
Operations  
5520 Park Ave, Ste 305  
Trumbull, CT 06611  
FAX: 203-371-8894

Email: [lou@jdevents.com](mailto: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 (March 12, 2010).** 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:(\_\_\_\_) \_\_\_\_\_