

EXHIBITOR APPOINTED CONTRACTOR (EAC) APPROVAL REQUEST

Deadline:	May 3, 2019		
Return to:	Lou Mancini FAX: 203-371-8894 Email: lou@jdevents.c	<u>om</u>	
Exhibitor Info	ormation:		
Company Na	me:	Booth #	
Street Addres	ss:		
City, State: _		Zip:	
Telephone: (_)	FAX:()	
Date:			
Name of Com	npany Representative:		
Signature of (Company Representative:		
official repres he were my c MANAGEME LATER THAN	sentative, I further certify that he will adhere to a own employee. I WILL INFORM THE EAC THAT HE NT, WITH A CERTIFICATE OF LIABILITY INSURANC	E (minimum liability coverage: \$1,000,000.00) BY NC .9). I understand that my organization is ultimately	s i
The EAC may	not solicit or accept new business on the Show	floor.	
EXHIBITOR A	PPOINTED CONTRACTOR (EAC) INFORMATION:		
Company Na	me:		
Street Addres	SS:		
City, State, Zi	p:		
Show Contac	t Name:		
Talanhana: (\	1	