

Please return form to:

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DEADLINE DATE:  
JULY 26, 2017

NAME OF SHOW: \_\_\_\_\_ **Safety+, Formerly 33rd VPPPA Safety & Health Conference**

COMPANY NAME: \_\_\_\_\_ BOOTH NUMBER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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 mail to the address listed above.

Company Name: \_\_\_\_\_ Booth No.: \_\_\_\_\_

Contact at Show: \_\_\_\_\_

Exhibitor Appointed Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

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 30 Days prior to the first day of exhibitor move-in 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 30 DAYS PRIOR TO THE FIRST DAY OF EXHIBITOR MOVE-IN.

NOTIFICATION OF INTENT TO USE EAC