Please return form to:

NAME OF SHOW: 2019 Safety+ Symposium

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.