



Exhibitor-Appointed-Contractor Information Form

NOTICE: When submitting, *this form must accompany the completed EAC Indemnification form*

If your company plans to use ANY non-official, Exhibitor-Appointed-Contractor ("EAC") for labor supervision who is not listed as an official contractor, this form must be completely filled out and signed by a representative of the Exhibiting Company (Exhibitor). An original Certificate of Insurance with The ASI Show™ and Freeman named as additional insured parties must be submitted by your non-official Exhibit-Appointed Contractor in order for them to gain access to the show floor.

ASI Show Exhibiting Company Information

Exhibiting Company Name /asi #: _____ Booth #: _____
Exhibitor Contact: _____ Exhibit Contact Phone: _____
Exhibit Contact Email: _____ Fax: _____
Exhibit Contact Signature: _____ Date: _____

The authorized signature confirms that the exhibiting company has committed to use the specified services of the following Exhibitor Appointed Contractor(s) for Continuity Insights and they agree to abide by all show rules and regulations.

Exhibitor-Appointed-Contractor (EAC) Information

EAC Contractor Company Name: _____
Pre-Show EAC Contact: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Phone: _____ Fax: _____
Email: _____
EAC On-Site Contact Name: _____ Mobile Telephone Number: _____

Return Completed form to: please fax the completed agreement to ASI Show Management at 866-709-6740