



## 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 or email to [Amarrazzo@asicentral.com](mailto:Amarrazzo@asicentral.com)