



January 5-6, 2027

Exhibitor-Appointed-Contractor Information Form

NOTICE: When submitting, this form must accompany the completed EAC Certificate of Insurance with the following coverage: \$1 Million for each occurrence; and \$2 Million aggregate.

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 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) and agrees 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: _____



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Return Completed form to: Email to BGood@asicentral.com