



Conference: January 28-31 • Expo: January 29 & 30

Labor

## EXHIBITOR APPOINTED CONTRACTOR AUTHORIZATION FORM

If your company plans to use a contractor other than an official contractor, please complete this form and return it to the address below by Wednesday, **JANUARY 8, 2014**. Failure to do so will result in the inability of the contractor to serve your exhibit. In addition, your selected contractor must furnish an original Certificate of Insurance showing General Liability Coverage and Worker's Compensation valid in Santa Clara, CA. The certificate must name UBM LLC, its employees and representatives, The Santa Clara Convention Center, its employees and representatives, and GES, its employees and representatives as additionally insured. **THESE REQUIREMENTS WILL BE STRICTLY ENFORCED.**

Exhibiting Company \_\_\_\_\_ Booth Number \_\_\_\_\_

Exhibitor Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Independent Contractor/Display House \_\_\_\_\_

Type of Work to be Performed \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Emergency 24-hour Telephone Number \_\_\_\_\_

Estimated Number of Workers \_\_\_\_\_ Estimated Date of Arrival \_\_\_\_\_

### Please Return To:

UBM LLC  
Keri Schnakenburg, Operations Mgr  
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(415)-947-6629  
Fax not available

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