



Exhibitor Appointed Contractors (EAC) & Third Parties

NOTICE OF INTENT TO USE AN EXHIBITOR APPOINTED CONTRACTOR

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 **October 19, 2015**. **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, the Santa Clara Convention Center, and GES as additionally insured.

THESE REQUIREMENTS WILL BE STRICTLY ENFORCED.

Exhibiting Company _____ Booth Number _____

Exhibitor Contact _____ Title _____

Telephone Number _____ Fax Number _____

Authorized Signature _____ Date _____

Independent Contractor/Display House _____

Type of Work to be Performed _____

Contact Name _____

Contact Email Address (REQUIRED) _____

Address _____ City _____

State _____ Zip Code _____ Telephone _____

Emergency 24-hour Telephone Number _____

Estimated Number of Workers _____ Estimated Date of Arrival _____

Please Return To:

Keri Schnakenburg, Operations Manager

keri.schnakenburg@ubm.com

Certificate of Insurance must be submitted to CertFocus by October 19, 2015