



**COMPTTEL PLUS Fall 2015 Business Expo**  
**Exhibit Dates: October 18-20, 2015**  
**San Francisco Marriott Marquis, San Francisco, CA**

**NOTICE OF INTENT TO USE EXHIBITOR APPOINTED CONTRACTOR(S)**  
**DEADLINE DATE: September 17, 2015**

Please fill out this form ONLY if you plan to use labor other than that provided by the official service contractor, GES.

We have contracted with the following firm to install and/or dismantle our exhibit display at COMPTTEL PLUS Fall 2015 Business Expo.

SERVICE COMPANY NAME: \_\_\_\_\_

PRINCIPLE CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

It is understood that the above contractor will service and maintain insurance coverage as follows:

- a) Workman's Compensation insurance in the minimum amounts required by the laws of the State of California.
- b) Comprehensive General Liability insurance with minimum combined single limits of \$1,000,000 for bodily injury and/or property damage in any once occurrence.

Such insurance must be maintained in full force during the period when exhibitor appointed contractor is working on the display at COMPTTEL PLUS Fall 2015 Business Expo in San Francisco, California.

The exhibitor appointed contractor must furnish Show Management with an original certificate of insurance attesting to these coverages. The exhibitor appointed contractor will not be allowed to work at the show until Show Management has received this form and an original certificate of insurance.

EXHIBITING COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ BOOTH NUMBER: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

**RETURN FORM TO:**  
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Chicago, IL 60611  
[dpostel@comptel.org](mailto:dpostel@comptel.org)