

# DESIGNCON<sup>®</sup> 2017

## WHERE THE CHIP MEETS THE BOARD

### 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 **Tuesday, January 10, 2017**. 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  
Samantha Daniel, Expo Operations  
[samantha.daniel@ubm.com](mailto:samantha.daniel@ubm.com)  
(415)947-6024  
Fax not available

GES  
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