



2020 Duty Free & Travel Retail SUMMIT OF THE AMERICAS

BUSINESS » EXECUTIVE CONFERENCE » CONNECT AND NETWORK



2020 Duty Free & Travel Retail Summit of the Americas EXHIBITOR-APPOINTED CONTRACTOR FORM

If your company plans to use ANY non-official, exhibitor-appointed contractor for labor supervision not listed as an official contractor, this form must be completely filled out and signed by a representative of the Exhibiting Company.

An Original Certificate of Insurance **must be submitted** by your non-official Exhibit-Appointed Contractor in order for them to gain access to the show floor. The certificate of insurance must show Comprehensive General Liability not less than \$1,000,000 with respect to injuries to any one person in one occurrence; \$2,000,000 with respect to injuries to more than one person in any occurrence; and \$500,000 with respect to damage of property. For liability coverage, the certificate of insurance must name GES, ASUTIL, IAADFS, Hyatt Hotels of Florida, Inc. and HE Orlando Hotel, LLC as additional insured. The EAC's certificate of insurance must also show Worker's Compensation Insurance, including employee liability coverage, in a minimum amount not less than \$1,000,000 of individual and/or aggregate coverage.

The deadline to submit to the Exhibitor-Appointed Contractor Form and Certificate of Insurance is February 21, 2020. Please reference the Union Jurisdictions for Orlando, FL, for labor services.

Exhibiting Company Information

Exhibiting Company Name: _____ Booth #: _____

Exhibit 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 they agree to abide by all show rules and regulations.

Exhibitor-Appointed Contractor Information

EAC Contractor Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

EAC Contact: _____ Emergency Onsite Phone Number: _____

Services to be performed by EAC: _____

Return this completed form and Certificate of Insurance to:

IAADFS

2025 M Street, NW, Suite 800

Washington, D.C., 20036-3309

santolick@iaadfs.org

Phone: +1-202-367-1184 Fax: +1-202-429-5154