



CONTRACTOR APPROVAL REQUEST

Exhibitor Information

Company: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____ Web: _____

Certificate of insurance: ☐ is enclosed ☐ will be forwarded ☐ has been forwarded

Service Contractor Information:

Company: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Contact Name: _____

Show Site Supervisor: _____

Local address (and/or hotel): _____

24 hour telephone number during set-up: _____

Remarks: _____

I certify that the above contractor is duly licensed, bonded, insured and authorized to work in this show city. Knowing that the above company is my official representative, I further certify that he/she will adhere to conference facility and 2018 exhibition rules and regulations, just as if he/she were my own employee. I am ultimately responsible for the actions of this service contractor while he/she works on this assignment.

Signed: _____ Print name: _____

Title: _____

This form must be returned no later than May 18, 2018

If you have any questions, please contact pndc@wsda.org or (206) 973-5219