

**TO BE COMPLETED BY EXHIBITOR**
**RETURN TO:** Global Experience Specialists, Inc. (GES), Operations Department • 6800 Sante Fe Drive, Hodgkins, IL 60525 • Fax: 630.339.7310

**Contact us Online:** [www.ges.com/chat](http://www.ges.com/chat) Phone: 800.475.2098 or 702.263.1520 for international exhibitors

**All orders are governed by the GES Payment Policy and GES Terms & Conditions of Contract as specified in this Exhibitor Services Manual.**

**WINDPOWER Conference and Exhibition**  
 McCormick Place  
 May 5 - 8, 2013

**Form Deadline Date:**  
 April 2, 2013

COMPANY NAME	EMAIL ADDRESS	BOOTH NUMBER
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An Exhibitor Appointed Contractor (EAC) is a company other than the "general or official" service provider on the show that requires access to your booth during installation and dismantling. The EAC may only provide services in the facility that are not designated by the facility as "exclusive" to a designated provider, or by the show organizer in a contract as an exclusive service for the "general or official" service provider or other third party.

No EAC will be allowed to work in an Exhibitor's booth if this Notice of Intent to Use EAC (Form L-3), a valid Certificate of Insurance and the Agreement and Rules and Regulations between GES and the EAC (Form L-4) is not completed by an authorized representative and received by GES by the deadline indicated above. This Notice of Intent to Use EAC must be completed for every third party (as well as any other third party ordering or requesting services from GES on behalf of Exhibitor) at the above show. Multiple booths are not to be listed on one form.

Exhibitor Appointed Contractor: _____			
Contact Name: _____			Cell Phone: _____
Street Address: _____			Email: _____
City: _____	State: _____	Zip: _____	
Office Phone: (area code _____ ) _____	Fax: (area code _____ ) _____		
Description of Proposed service for Exhibitor: _____			

**This form will only be accepted if it is executed by an authorized representative of the exhibiting company, and must include:**

- **An executed Agreement and Rules and Regulations between GES and EAC.**
- **A valid certificate of insurance prepared by the EAC's insurance agent with the minimum coverages as set forth in the Agreement and Rules and Regulations between GES and EAC.**

**PLEASE SIGN**

**X**

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

 \_\_\_\_\_  
AUTHORIZED NAME - PLEASE PRINT

 \_\_\_\_\_  
DATE

**GES shall have no liability to any party for damage or injuries caused by Exhibitor or its third party agents. It is the Exhibitor's responsibility to provide its EACs with all show rules and regulations as set forth in the Exhibitor space lease and the Exhibitor Kit/Service Manual. Exhibitor agrees to indemnify and defend GES for the actions of its agents and exhibitor appointed contractors. The Exhibitor agrees that it is ultimately responsible for all services in connection with the exhibit, including freight, rentals and labor. Exhibitor agrees to be responsible for any losses, damages or injures that are caused by or attributed to EACs that are not covered or provided by EAC's insurance.**

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 Order Directly Online:  
<https://e.ges.com/071003195/esm>

**Return with Certificate of Insurance to: Global Experience Specialists, Inc. (GES), Operations Department, 6800 Santa Fe Drive, Hodgkins, IL 60525, Fax 630.339.7310**

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**WINDPOWER Conference and Exhibition**  
McCormick Place  
May 5 - 8, 2013

**Form Deadline Date:**  
April 2, 2013

COMPANY NAME	EMAIL ADDRESS	BOOTH NUMBER
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The undersigned Exhibitor Appointed Contractor ("EAC") has been designated by an Exhibitor to perform certain services for the Exhibitor at the above referenced show. In consideration of the show organizer and GES permitting the EAC to perform such services at the show, the EAC and GES hereby agree as follows:

**Rules and Regulations**

1. EAC agrees to comply with all rules and regulations of the show as outlined in this agreement, the exhibitor kit, including all union rules and regulations, and accept liability for any negligent actions.
2. EAC agrees that it must ascertain and comply with all rules and regulations of the venue, Show Management, and/or the Official Service Provider in order to create a safe work environment. A failure to do so can result in a delay or termination of your right to continue work if the condition cannot be corrected.
3. EAC agrees that the show site, dock and surrounding areas are active work zones and the EAC, its agents, employees and representatives are present at their own risk. Entry into the dock area is prohibited.
4. **EAC must have all business licenses and permits required by the State and City governments and the convention facility management prior to commencing work. A certificate of insurance naming GES as an additional insured with appropriate insurance limits prepared by the EAC's insurance agent must be submitted to GES at least 30 days prior to the first date of move in.**
5. **This Agreement and Rules and Regulations between GES and EAC must be completed by an authorized representative of EAC and returned to GES before the deadline noted above.**
6. **If the EAC fails to provide the documentation required in paragraphs 4 and 5 above, the Exhibitor will be required to use GES for such services at the prevailing rates set forth in the Exhibitor Kit/Services Manual.**
5. EAC shall provide, if requested, evidence to Global Experience Specialists, Inc. (GES) that it possesses applicable and current labor contracts and must comply with all labor agreements and practices. The EAC must not commit or allow to be committed by persons in its employment any acts that could lead to work stoppages, strikes or labor problems.
7. EAC will be responsible for all reasonable costs related to its operation, including overtime pay for stewards, restoration of exhibit space to its initial condition, etc. Where applicable a one hour minimum labor charge will be charged at the appropriate steward rate of pay per day/per union to either the EAC/Exhibitor depending upon the billing arrangement set up with GES. (Based upon EAC not number of booths)
8. The show aisles and public spaces are not part of the Exhibitor's booth. Therefore, EAC is required to confine all activities to the exhibit space of the Exhibitor who has given a valid order for services. Exhibitors may be charged for costs related to movement of its property if the EAC does not contain its operations within the confines of the booth. No service desks, storage areas or other work facilities will be located anywhere in the building. The show aisles and public space are not a part of the Exhibitor's booth space and must be kept clear at all times.
9. During show hours only EACs with exhibit badges will be permitted on the exhibit floor. No EAC will be permitted on the exhibit floor during show hours without the proper Convention name badge supplied by the exhibiting company. EAC must furnish Show Management and GES with the names of all on-site employees who will be working on the show floor and ensure that they have and wear identification badges at all times necessary as determined by Show Management.
10. EAC has attached herewith certificates of insurance confirming the following required insurance:
  - Commercial General Liability, including contractual liability, with limits of not less than \$1,000,000 each occurrence, \$2,000,000 general aggregate and \$2,000,000 products & completed operations aggregate.
  - Automobile Liability with a limit of not less than \$1,000,000 combined single limit - each accident.
  - Workers Compensation, as required by law, with Employers Liability Limits of not less than \$1,000,000 each accident, \$1,000,000 disease - each employee and \$1,000,000 disease - policy limit.
  - Umbrella/Excess Liability with a limit of not less than \$1,000,000 each occurrence/aggregate.
  - The Commercial General and Automobile Liability Policies shall name Global Experience Specialists, Inc. (GES) (Official Service Provider), American Wind Energy Association (Show Management), WINDPOWER Conference and Exhibition (Show) and McCormick Place (Facility) as additional insureds on a primary and non-contributory basis per the attached sample certificate of insurance.
11. EAC agrees to indemnify, defend and hold the Show Management, the Facility and Global Experience Specialists, Inc. (GES) harmless from and against any and all claims, lawsuits, demands, liability, costs and expenses, including reasonable attorney's fees and court costs, arising out of EAC's operations, including supervision of GES provided labor. EAC also agrees to reimburse GES for all attorney's fees and costs incurred in connection with any and all claims, lawsuits and counterclaims that should arise out of EAC's failure to adhere to the terms of this agreement.
12. Solicitation of business on the show floor is strictly prohibited. If EAC attempts to provide services designated to another party as "exclusive" or is discovered soliciting on the show floor including the distribution of official company literature, or otherwise does not comply with the rules, the company may be removed from the show floor, and the Exhibitor will not be able to use that company for the remainder of the event.
13. EAC/ Exhibitor may not move freight from one booth to another booth, or to meeting rooms. GES must provide labor.
14. EAC must coordinate all of its activities with Global Experience Specialists, Inc. (GES).
15. The Exhibitor or its EAC should order services required from GES and the Exhibit Hall in advance. Ordering labor or services onsite (which contractors may not be prepared to provide immediately) may delay the set-up of your booth or force your set-up into overtime.
16. The Exhibitor or its EAC should take steps to protect the Exhibitor and the EAC's product in the booth by arranging for booth security and/or cages. GES is not responsible for items left unattended on the show floor.
17. EAC agrees GES is not responsible for any items stored in empty containers. Do not store empty cartons inside of empty crates. Cartons are

031813

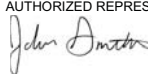
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<https://e.ges.com/071003195/esm>



<b>ACORD</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1.</span>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>			DATE (MM/DD/YY) 01/01/13	
PRODUCER <b>ABC Insurance Agency</b> Fax: (212) 555-6100 1234 Broker Lane New York, NY 10895 Attn: Joe Agent (212) 555-6102 ext. 1234				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2.</span> <b>Big Boom Company, Inc.</b> 1234 Corporate Lane New York, NY 10895 Attn: Joe Smith Phone: (212) 555-5349    Fax: (212) 555-9819				INSUREERS AFFORDING COVERAGE		
				INSURER A: <b>Hartford Insurance Company of Illinois</b>		
				INSURER B: <b>Aetna Casualty &amp; Surety Company</b>		
				INSURER C: <b>Travelers Insurance Company</b>		
				INSURER D: <b>Royal Insurance Company</b>		
				INSURER E:		
COVERAGES						
<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3.</span> THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">4.</span> TYPE OF INSURANCE	POLICY NUMBER	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">7.</span> POLICY EFFECTIVE DATE (MM/DD/YY)	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">8.</span> POLICY EXPIRATION DATE (MM/DD/YY)	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">9.</span> LIMITS	
<b>A</b>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	000P98298-A11	01/01/13	01/01/14	EACH OCCURENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGRREGATE	\$2,000,000
<b>B</b>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	SKLS-029499S	01/01/13	01/01/14	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
					AUTO ONLY-EA ACCIDENT	\$
<b>A</b>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				OTHER THAN AUTO ONLY:	\$
						\$
						\$
						\$
						\$
<b>A</b>	UMBRELLA/EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	XL1234567	01/01/13	01/01/14	EACH OCCURENCE	\$1,000,000
					AGGREGATE	\$1,000,000
						\$
						\$
						\$
<b>C</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A4145-SS-PJ37	01/01/13	01/01/14	<input checked="" type="checkbox"/> WC STATU-ORY LIMITS <input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$1,000,000
					E.L. DISEASE-EA EMPLOYEE	\$1,000,000
					E.L. DISEASE -POLICY LIMIT	\$1,000,000
<b>D</b>	OTHER				Each Occurrence & Aggregate	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">5.</span> Global Experience Specialists, Inc. (GES) (Official Service Provider), American Wind Energy Association (Show Management), McCormick Place (Facility), and WINDPOWER Conference and Exhibition (Show) are hereby named as additional insured, except for Workers' Compensation. Global Experience Specialists, Inc. (GES) and/or the consignor are included as Loss Payee. The insurance provided for the benefit of Global Experience Specialists, Inc. (GES), shall be primary insurance as respects any claim, loss, or liability, arising out of the Named Insured's operations for which the Named Insured is liable. Any other insurance maintained by GES shall be excess and non-contributory. Show date(s) are: May 5 - 8, 2013 at city of Chicago.						
CERTIFICATE HOLDER		<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: <input checked="" type="checkbox"/>		CANCELLATION		
<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">6.</span> Global Experience Specialists, Inc. (GES) Operations Department 6800 Santa Fe Drive Hodgkins, IL 60525 Fax 630.339.7310				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIONS		
				AUTHORIZED REPRESENTATIVE  <span style="border: 1px solid black; border-radius: 50%; padding: 2px; float: right;">10.</span>		

1. PRODUCER: Insurance Agent / Broker who issues certificate.
2. NAME OF INSURED: Must be the legal name of contracting party.
3. TYPES OF INSURANCE: Must include types required by contract. See Official Services Provider Information (form L-3) in this exhibitor manual).
4. FORM OF COVERAGE: Must be "occurrence" form of coverage.
5. NAME ADDITIONAL INSUREDS: Global Experience Specialists, Inc. (GES) (Official Service Provider), American Wind Energy Association (Show Management), WINDPOWER Conference and Exhibition (Show) and McCormick Place (Facility) as additional insureds on a primary and non-contributory basis.
6. CERTIFICATE HOLDER: Must be Global Experience Specialists, Inc. (GES)
7. POLICY EFFECTIVE DATE: Must be prior to or coincidental with the first day of Exhibitor Move-In.
8. POLICY EXPIRATION DATE: Must be on or after the last day of Exhibitor Move-Out.
9. LIMITS OF INSURANCE: Must be the same or greater than required by contract. See #10 on Agreement and Rules and Regulations between GES and EAC (L-4).
10. AUTHORIZED REPRESENTATIVE: Must be signed (not stamped) by an authorized representative of Producer.

**RETURN TO:** Global Experience Specialists, Inc. (GES) • 7000 Lindell Road, Las Vegas, NV 89118-4702 • Fax: 866.329.1437 or 702.263.1520 for international exhibitors  
 Contact us Online: [www.ges.com/chat](http://www.ges.com/chat) Phone: 800.475.2098 or 702.515.5970 for international exhibitors

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 McCormick Place  
 May 5 - 8, 2013

**Form Deadline Date:**  
 April 11, 2013

COMPANY NAME	EMAIL ADDRESS	BOOTH NUMBER
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If you would like to arrange a third party to handle your display, please complete the below steps:

- **Step 1:** Fill in the appropriate information and select the services to be charged to the **Exhibiting Firm**. A signature is **required** to authorize these services.
- **Step 2:** Complete and sign the **Exhibiting Firm Credit Card Authorization**.
- **Step 3:** Fill in the appropriate information and select the services to be charged to the **Third Party**. A signature is **required** to authorize these services.
- **Step 4:** Complete and sign the **Third Party Credit Card Authorization**.

**GES reserves the right to deny any Third Party Billing Request that is not complete or received by the deadline date.**

It is understood and agreed that the exhibiting firm is ultimately responsible for payment of charges. If your named third party does not pay the invoice before the last day of the show, charges will revert to the exhibiting firm. All invoices are due and payable upon receipt. GES Terms & Conditions of Contract apply to both the Exhibiting Firm and Third Party Representative.

**STEP 1: Exhibiting Firm - Complete Below Information**      **STEP 2: Exhibiting Firm Credit Card Charge Authorization**

<p>EXHIBITING FIRM</p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP</p> <p>PHONE FAX</p> <p><i>The items checked below are to be invoiced to the Exhibiting Firm:</i></p> <p><input type="checkbox"/> Booth Cleaning    <input type="checkbox"/> Exhibit Systems    <input type="checkbox"/> I &amp; D Labor  <input type="checkbox"/> Material Handling In &amp; Out    <input type="checkbox"/> Rental Carpet    <input type="checkbox"/> Rental Furniture  <input type="checkbox"/> Signs    <input type="checkbox"/> Transportation Charges  <input type="checkbox"/> Other (Please Specify) _____</p> <p>I agree in placing this order that I am responsible for the above selected services and that I have accepted GES Payment Policy and GES Terms &amp; Conditions of Contract.</p> <p><b>PLEASE SIGN</b> X _____          AUTHORIZED SIGNATURE</p> <p>_____          AUTHORIZED NAME - PLEASE PRINT      DATE</p>	<p>CARDHOLDER'S NAME PLEASE PRINT</p> <p>CARDHOLDER'S BILLING ADDRESS CITY</p> <p>STATE ZIP COUNTRY</p> <p>Account Number</p> <p>_____-_____-_____-_____</p> <p>EXPIRATION DATE <input type="checkbox"/> MasterCard    <input type="checkbox"/> Corporate Card  <input type="checkbox"/> VISA    <input type="checkbox"/> Personal Card  <input type="checkbox"/> American Express</p> <p>All information must be provided. <b>Your order will not be processed if any information is missing.</b> (i.e. Expiration Date, Account Number, Contact Information, Type of Card, and Signature.) <b>We require your credit card charge authorization to be on file with GES even if you are paying by check or bank wire transfer.</b></p> <p><b>PLEASE SIGN</b> X _____          CARDHOLDER'S SIGNATURE</p> <p>_____          CARDHOLDER NAME - PLEASE PRINT      DATE</p>
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Check here if the Third Party or its sub-contractors will be providing services to Exhibiting Firm at show site. (EAC Notification Form and insurance requirements must be completed for admission)

**STEP 3: Third Party - Complete Below Information**      **STEP 4: Third Party Credit Card Charge Authorization**

<p>THIRD PARTY</p> <p>STREET ADDRESS</p> <p>CITY STATE ZIP</p> <p>PHONE FAX</p> <p><i>The items checked below are to be invoiced to the Third Party:</i></p> <p><input type="checkbox"/> Booth Cleaning    <input type="checkbox"/> Exhibit Systems    <input type="checkbox"/> I &amp; D Labor  <input type="checkbox"/> Material Handling In &amp; Out    <input type="checkbox"/> Rental Carpet    <input type="checkbox"/> Rental Furniture  <input type="checkbox"/> Signs    <input type="checkbox"/> Transportation Charges    <input type="checkbox"/> All Services  <input type="checkbox"/> Other (Please Specify) _____</p> <p>I agree in placing this order that I am responsible for the above selected services and that I have accepted GES Payment Policy, GES Terms &amp; Conditions of Contract, and Agreement and Rules and Regulations between GES and EAC (L4).</p> <p><b>PLEASE SIGN</b> X _____          AUTHORIZED SIGNATURE</p> <p>_____          AUTHORIZED NAME - PLEASE PRINT      DATE</p>	<p>CARDHOLDER'S NAME PLEASE PRINT</p> <p>CARDHOLDER'S BILLING ADDRESS CITY</p> <p>STATE ZIP COUNTRY</p> <p>Account Number</p> <p>_____-_____-_____-_____</p> <p>EXPIRATION DATE <input type="checkbox"/> MasterCard    <input type="checkbox"/> Corporate Card  <input type="checkbox"/> VISA    <input type="checkbox"/> Personal Card  <input type="checkbox"/> American Express</p> <p>All information must be provided. <b>Your order will not be processed if any information is missing.</b> (i.e. Expiration Date, Account Number, Contact Information, Type of Card, and Signature.) <b>We require your credit card charge authorization to be on file with GES even if you are paying by check or bank wire transfer.</b></p> <p><b>PLEASE SIGN</b> X _____          CARDHOLDER'S SIGNATURE</p> <p>_____          CARDHOLDER NAME - PLEASE PRINT      DATE</p>
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