



NOTICE OF INTENT TO USE EXHIBITOR APPOINTED CONTRACTOR(S)

Deadline Date: August 14, 2025

WORK AUTHORIZATION

Exhibitors who plan to use the services of a contractor other than the Official Contractor, GES, for the installation and dismantling of their display are requested to complete this form. It is not the intent of this requirement to discourage the use of independent contractors, but to ensure that all contractors working on the show floor have been hired by Exhibitor and have adequate insurance coverage. Please complete this form and have your contractor send us the certificate of insurance.

We have contracted with the following firm to Install and/or dismantle our exhibit display at the NCS 23rd Annual Meeting:

EAC Company Name: _____

EAC Principal Contact: _____

EAC Principal Contact: Email: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

SUB-CONTRACTING SERVICE COMPANY NAME: *(if applicable)* _____

Check here ☐ if your EAC is only providing onsite supervision.

NOTE: A certificate of insurance (COI) is required for on-site supervision only.

Send this form and the COI to SHOW MANAGEMENT

- It is understood that the above contractor will service and maintain insurance coverage as outlined in the Exhibitor Services Manual.
- Such insurance shall be maintained in full force during the installation, operation and dismantling period when contractor is working on the display.
- The independent contractor will furnish Show Management with a Certificate of Insurance attesting to these coverages.

EXHIBITING COMPANY: _____

BOOTH NUMBER(S): _____

AUTHORIZED SIGNATURE: _____

Return Form to: NCS Show Management (partners@neurocriticalcare.org)